MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

any deloy is

hours after deoth. If

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health or its designoted agent, prior to buriol, cremation, or removol, and in any event within 72 hours ofter death. 5 moy be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pending lem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Affice along with farm PM3. Page

This certificate should be executed within 24

TO DEPUTY MESTAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14939

					- 4011 Tale
PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (V	Where deceased lived, if institut b. COU	tion: Residence before odmission)
O. COUNTY	Wicomico	MARYLAND	Dela	ware	Sussex
	(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our	tside corporote limits, write RU	RAL and give nearest town)
Write KUKAL or	Salisbury		Delm	ar (Rural)	46 3
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	7	e. IS RESIDENCE On a Farm?
	Peninsula General		Rout	e 1, Box 216	B YES NO
3. NAME OF DECEASED (Type or print)	First ROBERT	Middle YOUNG	ADAMS	4. DATE Mon- OF DEATH	10-7-66 19
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Ooys Hours Min.
Male	White WIDOWED	DIVORCED	5-13-50	16 yrs.	4 24
during most of working		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Store Eden, Mary		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Clarence	e Young Adams		Agnes Mari	e Willey	
15. WAS DECEASED EV		SOCIAL SECURITY NO. 17.	INFORMANT INT. Clarence R.D. #1. Box	e Y. Adams (Fax 216B. Delmar	ather)
1B. CAUSE OF E PART I. DEJ	DEATH (Enter only one couse per line for ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(o), (b), ond (c).) ushed chest			INTERVAL BETWEEN 2015 AND DEATH
Conditions, if on	y, which gove) (b)				
stoting the und					
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO EX
200. EXTERNAL C PRIMARY & or CO CAUSE OF DEATH.	ONTRIBUTING	scribe how injury occurred.		,	another vehicle.
20c. TIME OF IN. 8:45 p	JURY Month, Doy, Yeor 20d. I While of wor		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote) Sussex, Del.
21 certi	fy that I took charge of the rer				uiry 🔼 , ond in my opinian
			cide , Homicide		
	14 1		CHIEF MEDICAL		
ACTUAL SIGNATURE	in -	2	M.D. ASSISTANT MEDI	ICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	Earl L. Royer, M		DEPUTY MEDICA	L EXAMINER 🔀 , city, town, or county)	October 10, 1966
23o. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	wn) (County) (State)
REMOVAL (Special Burial	(v) Oct. 13,1966	Smith Mill C	emeterv	Sussex C	ounty, Delaware
24. FUNERAL DIRECT	OR	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. RI	GISTRAR'S SIGNATURE
HOLLOWA	V & COMPANY, SALT	SRITEV MARVI AN	D DATE (OCT 1 3 1966	Milarles Judge

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14839

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE,

CERTIFICATE OF DEATH

(CE OF DEATH

(2. USUAL RESIDENCE (Where deceosed lived, in the content of the cont

1. PLACE OF DEATH		2. USUAL RESIDENCE (WE	nere deceosed lived, if institution: Resider	nce before odmission)
O. COUNTY Wicomico	MARYLAND	o. STATE	b. COUNTY	van dan
	TH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporote limits, write RURAL and giv	re necrest town)
write RURAL and give nearest town)				o noorosi lowny
Salisbury		SHOW	149111	132
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street	oddress)	d. STREET ADDRESS	S	e. IS RESIDENCE ON A FARM?
Peninsula General Hospi		ISFD	2	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Bos	HNO	rews	DEATH October	8 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NI	VER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER	
MAIR NEORO WIDOWED	DIVORCED [etaber 7	lost birthdoy) Months yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL	SINESS OR	11. BIRTHPLACE (County &	700	TIZEN OF WHAT
during most of working life, even if refired) INDUSTRY		C-1:1	10.	UNTRY?
13. FATHER'S NAME		14. MOTHER'S MAINEN NA	Mary and	M. >-/t
10. TATIER 3 (NAME	The had	14. MOTHER 3 MAINER NA	MAIL SALLS	
L.S. Andrews		LUID Mac	W1/11345	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	CURITY NO. 17. IN	FORMANT	Address	
NO - None	1,5	Andrews	RFD2 Sava H. 1	1. 40.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), of	ond (c).)	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	encepl	12/21		ONSET AND DEATH
750 X DUE TO		VETY		23hVs
Conditions if any which gave				20 pmx
rise to immediate couse (a)				10
stoting the underlying couse DUE TO				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 200. While No	Toums	Birth W	1)	YES NO NO
200. ACCIDENT WAS UNDERLYING \(\textstyle{1} \) \(\textstyle{205} \). DESCRIBE HC		nter noture of injury in Po	rt I or Port II of item 18.)	
© OR CONTRIBUTING □ CAUSE OF DEATH				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCC	TIPPED 100 DIACE	OF INJURY (Home, farm,	20f. (City or town) (Coa	untv) (Stote)
Hour o.m. While - No.		y, street, office bldg., etc.)	201. (City of lowil) (Cot	unty) (Stote)
p.m. 19 of work 🗀 at	work L		101	, , , , , , , , , , , , , , , , , , , ,
21. I certify that (II) (this hospital) attended the	deceased fram	10/7,19	de ta 10/8, 19/	that (I) (we) last
saw the deceased alive on 10/5/60	19.00, and that	death accurred at	M, from causes and on the	he date stated above.
220. SIGNATURE	Λ.	ATTENDANC M	22b. Di	ATE SIGNED
Illand Co	M.D.	PHYS. DI	IED. STAFF PHYS.	0/8/16
22c. PHYSICIAN'S	7 3300	22d. ADDRESS	. (1)	111 1
NAME (Type)		Medical Ce	inter odlishy VI	Marchied
230. BURIAL CREMATION. 23b. DATE THEREOF 23c. N	AME OF CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)		A	- 111 11	(21016)
	Zion Bapi	157 Dr. Dreip o	Show Hell Mary	CNATURE
3 / // //	ADDRESS /		SY REGISTRAR 2Sb. REGISTRAR'S SI	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval and any event, within 72 hours after deeth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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Peninsula Jeneral Fongital

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MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remover, and in any event, within 72 haurs after death.

VR A15 (4) 2 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	\$838	CERTITICATE	OI DEATH		130				
1. PLACE O			2. USUAL RESIDENCE (Where decease	d lived, if institution	n: Residence befor	e damissi	n)		
a. COUNT	comico	MARYLAND	° Maryland	b. Count	Vicomic	0			
b. CITY C	OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparot	e limits, write RURAI	L and give neares	t tawn)			
	RURAL and give nearest town)	And the second second	Salisbury		1	15	/		
. NAME	OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street address)	d. STREET ADDRESS	65175-5		e. IS RESI	ENCE		
Pe:	ninsula General	Hospital	517 Gordon St	reet			NO X		
AME O ECEASE Type ar	D 1.1	Middle	Bahhard 4. DATE OF DEATH	October	Day 9	Ye 19	66		
DALE	11/1000	NEVER MARRIED	8. DATE OF BIRTH 9. 8/27/11		Manths Days	Hours	Min.		
ig most	OCCUPATION (Give kind af wark dane of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or form	eign country)	12. CITIZEN OF COUNTRY? U.S.				
FATHER			14. MOTHER'S MAIDEN NAME						
Cha	rles Ballard		Mary Long						
WASDE	CEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	Sal	is	Md.		
s, na, ar i	unknawn) (If yes give war or dates af serv	Lil	lie Ballard 51	7 Gordon					
18. CA	USE OF DEATH (Enter only one cause per				INT	RVAL BET			
P	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral hem	orrhage		ON	AND I			
	331X DUE TO						1		
	ans, if any, which gave) (b)			to a de					
	immediate cause (a), DUE TO								
last.	(c) _		THE PERSON NAMED IN	(Charles III					
PART II	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)		WAS AUTO PERFORM	PSY ED? NO		
OR CON	CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port I ar Part	II af item 18.)					
20c. TI	ME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Home, farm, ary, street, affice bldg., etc.)	(City or town)	(Caunty)		State)		
sa	21. I certify that (I) (this haspital) attended the deceased fram 10/1/66, 19 10/9, 19_6, 9hat (I) (we) las saw the deceased alive 90, 10/9 19_66, and that death accurred at 4.20 M, fram causes and an the date stated above								
220 5	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 10/13/66								
0	Land / 1x	Zilmone M.		STAFF PHYS.		66			
22c. P	MYSICIAN'S LAME (Type) David J. Gi	lmore, M.D.	Medical Cent	er, Sal:	10/13, isbury,		•		
22c. P	MYSICAN'S IAME (Type) David J. Gi L, CREMATION, 23b. DATE THEREOF	7,07	Medical Cent	→ PHYS. →	10/13, isbury,	Md	• tate)		
22c. P. N. BURIAI REMOVED LET	MYSICIAN'S AAME (Type) David J. Gi AL (Specify) AL (Specify) 16/13/19	1more, M.D. 23c. NAME OF CEMETERY OR CO	22d. ADDRESS Medical Cent	er, Sal	10/13/ isbury,	Md (S	tate)		
22c. P. N. BURIAI REMOVED LET	MYSICIAN'S HAME (Type) David J. Gi CREMATION, 23b. DATE THEREOF (A) (Specify)	lmore, M.D. 23c. NAME OF CEMETERY OR C	22d. ADDRESS Medical Cent	er, Sal: ATION (City or Town) Sbury R 25b. REGIS	10/13, isbury,	Md (S	tate)		

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Peninscia Constal Hospital

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

839	CERTIFICATE

OF DEATH

* # C O S	CERTIFICATIO			12021
1. PLACE OF DEATH				ion: Residence before odmissian)
· Wicomico	MARYLAND	a. STATE	b. COUN	111000000000
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de carparate limits, write RUF	RAL and give negrest town)
write RURAL and give nearest tawn) Salisbury		hoois	4/	22.9
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give :	strant addrace)	d. STREET ADDRESS	<u>v</u>	e. IS RESIDENCE
		d. SIKEET ADDKESS		ON A FARM?
Peninsula General Hos				YES NO
3. NAME OF First	Middle	5 Last	I. DATE Mant	7 1001
(Type or print) (SEETRUDE		Dell	DEATH UCIOL	DER 22, 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Manths Days Hours Min
- MALE NEGRO WIDOWED &	DIVORCED	10-22-18	90 76 yrs.	Multilis Days 110013 Mills
	F BUSINESS OR	11. BIRTHPLACE (County & S	tate, or fareign cauntry)	12. CITIZEN OF WHAT
during most of working life, even if retired)	rister	Dirai.	1 (11)	COUNTRY?S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	NE O OI	
Mease. T 74,00		Karkol	X HAL	201)
S WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIA	AL SECURITY NO. 17. I	INFORMANT	Addre Addre	**
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (If yes give war ar dates af service)	L SECONITY NO.	04 1	10 R. 1.	m. O.
		or more or	uly - Jerus	, resignan
1B. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:		-10000000		ONSET AND DEATH
IMMEDIATE CAUSE (a)	LAONARY T	WISELUS-		Immed.
466 X DUE TO OU	1	4		
Canditians, if ony, which gave (b)	LEBO THE	m Bosis-		-
stating the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19: WAS AUTOPSY PERFORMED?
ATIO				YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIE	E HOW INJURY OCCURRED.	(Enter noture of injury in Par	t I or Port II of item 18.)	
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Doy, Year Haur o.m. 20d. INJURY While	OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or tawn)	(County) (State)
Haur o.m. While at wark	11 11 11 1	ory, street, affice bldg., etc.)		
p.m. 17 at wark		10-19 10	65-, ta 10-2	2 10.66 that (1) ()
21. I certify that (1) (this haspital) attended saw the deceased glive on	The deceased from_	t death accurred of		and an the date stated abo
22a. SIGNATURE		death accorded of	m, nom cooses	22b. DATE SIGNED
220. SIGNATURE F	11.5	ATTENDING MI		16-25-66
22c. PHYSICIAN'S	lm. Wi	D. PHYS. DI	RECTOR LI PHYS. L	10 03-06
NAME (Type)		220. ADDRESS		
DEMOVAL (Speciful)	BC. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tav	
Burial 10 - 00 -60	Evergreen		Berlen	wore Md.
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B		CISTRAR'S SIGNATURE udge
Horella) D. Holler Ker	sly RV Ja	les DATE OC	T 0 1 19\$6	00

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

14840	CERTIFICATE	OF DEATH	nh	14842
PLACE OF DEATH COUNTY WICOMICO B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	MARYLAND IGTH OF STAY IN 16	Maryland	side carparate limits, write RUR	erset AL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre Peninsula General Hospi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Sadie	Middle	Be 11		7 1966
S. SEX 6. COLOR OR RACE 7. MARRIED F. WIDOWED 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF I	DIVORCED	10/26/188	9. AGE (In years last birthday) 79 yrs. State, ar fareign country)	Months Days Haurs Min.
during gost of working life, even if retired) 13. FATHER'S NAME	ed	Maryland 14. MOTHER'S MAIDEN N		U STRY A
Jacob Leatherbury	SECURITY NO. 17.	Unknow		56
(Yes, na, ar unknawn) (If yes give war or dates af service)	Al		Princess Ann	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	relead	tlees	uleores	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \\ \bigcap\$
OR CONTRIBUTING CLAUSE OF DEATH	HOW INJURY OCCURRED. (Enter nature of injury in P	ort I or Port II of item 18.)	
p.m. 19 ot wark	lat While at work facto	E OF INJURY (Home, farm, iry, street, office bldg., etc.)	20f. (City ar tawn)	· (Caunty) (State)
21. I certify that (I) (this haspital) attended the saw the deceased alive on	e deceased fram _19and that	deoth occurred at	100 ta 10 To 130 CM, from causes a	ind on the date stated abave
22c. PHYSICIAN'S NAME (Type)	alest M.D		MED. STAFF DIRECTOR PHYS.	10-7-66
23a. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, 23b. DATE THEREOF 23c. 24. FUNERAL DIRECTOR	NAME OF CEMETERY OR CO	n	Polk Road BY REGISTRAR 25b. REG	Somerset.Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the definitivate be executed within 24 haurs after death.

William H. James Jr. Princess Anne, Md

DATE UC 1336

21/21 legiquer loueres disagned an emple the balls. Med a file AND THE PROPERTY OF THE PROPER Billing Boy Mich Medications kommon Hambilly

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY				
		comico		MARYLAND	Maryland Wicomico				
	b. CITY OR TOW	N (if outside corpor and give nearest to	rate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
		narptown	UWII)		Sha	arptown		22.1	
			ION (if not In	hospital, give street address)	d. STREET ADDRESS			e. IS RES	SIDENCE
		village			In	village			FARM?
3.	NAME OF		First	Middle	Last	4. DATE	Month	Day Ye	-
	(Type or print)	FA	NNIE	MELISSA	BENNETT	OF DEATH	October	15 196	66
5.	SEX	6. COLOR OR RACI		D NEVER MARRIED 1	. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER	R 24 HRS.
	Female	White	WIDOWE		August 18		vrs. Months	Days Hours	Min.
10	a. USUAL OCCUPAT	ION (Give kind of wor		KIND OF BUSINESS OR INDUSTRY	90	county & State, or forei	ign country) 12.	CITIZEN OF WHAT	-
au	Housewif		red)	INDUSTRY	Mardela.	Maryland		COUNTRY?	
13	. FATHER'S NAM	-	1		14. MOTHER'S MAII				
(Charles W	. Robinson			Rachel A	. Leaucham	O		
		EVER IN U.S. ARMED		S. SOCIAL SECURITY NO. 17.	INFORMANT		Address		-
		(If yes give war or date	s of service)	222 20 5001	ir. Robert 1		(Son)		
		DEATH CEALS SOLVE	1		laylor St.,	Sharptown	, Marylar		Duren
		ATH WAS CAUSED E		line for (a), (b), and (c).]				ONSET AND	DEATH
	TAKE I. DE	IMMEDIATE CAUS		coronary o	colusi	n			
	2501		E TO		1 1-	. 0			1
	Conditions, If		(b)	Generally	ed aller	isscleri	معنع	de.	
	cause (a), st		E TO	91+	00	+		Uses	
2	underlying caus		(c)	delactes	mell	cus			
MEDICAL CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDIT	TIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDITION	GIVEN IN PART 1 (a	19. WAS AL PERFOR	
E	20a. ACCIDENT	WAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I or	Part II of Item 1	8.)	
3	(IF EITHER, NO	NG CAUSE OF DETIFY MEDICAL EXAM	(INER)	N/A					
CAL		NJURY Month, Day	, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, f	arm, 20f. (City or	town) (Co	ounty) (S	State)
0	Hour a.n		9 White	e - Not write -	y, street, office bldg., e	:(6.)			
-				ded the deceased from	Q _ 1	963, to C	DCT_ 190	6 that (I) (v	ve) last
		eased alive on_			death occurred at				
	22a. SIGNATUR			, did that				DATE SIGNED	
	VE	5 OSu	esile	M.D.		MED. STA	YS. DO	et. 17 /1	966
15	22c. PHYSICIA	N'S			22d. ADDRESS				700
	NAME (T)	Dr. Joh	in T. Bi	lkelev	Salishur	. Marylan	d		
23	a. BURIAL, CREM	ATION, 23b. DATE	E THEREOF	23c. NAME OF CEMETERY			(City, town or c		ate)
	Burial	Oct.]	18.1966	Mardela Cemete	ery (New Se	cl) Marde	la. Marvi	lend	42
24	. FUNERAL DIRE	CTOR		ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
	HOLLO	MY & COMP.	ANY, SA	LISLURY, MARYLA	DATEO	T 18 196	6 Iclian	eles Jusa	2
=					DAILE		- 11	1	

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Acceptance of the second AND IN MINISTER, AND RESERVE AND ADMINISTRATION OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 (1/1	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	. TIVI	1	14842 CERTIFICATE OF DEATH 1484	8
eoth			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm	ission) /
þ	funeral 1 and 1er deat		a. COUNTY WICOMICO MARYLAND a. STATE MARYLAND b. COUNTY NORCES	TAR
affe	of		b. CITY OR TOWN (If guitaide corporate limits, write RURAL and give negrest town	n)
LI S	by the Pogours		write RURAL and give nearest town) Salisbury 6 Days 5 Now All	1.2
hor	s. ho		d NAME OF HOSPITAL OR INSTITUTION (If not in bosoital give street address) d. STREFT ADDRESS e. IS R	RESIDENCE
law requires that the death certificate be executed within 24 hours after deoth	oly filled in by the poor popers. Pog within 72 hours		Peninsula General Hospital	A FARM?
hin	声音	3.	NAME OF First Middle Last 4. DATE Month Day	Year
<u>×</u>	completely ove corbon y event, wi		OFCEASED (Type or print) ANNA FLIZARFTH BOWEN DEATH OCTOBER 4	1961
nted	omplete ve cork event,	S.	SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF SIRTH 19. AGE (In years IF UNDER) YEAR IF UNDER IF	DER 24 HRS
Xect	ind completely fremove corbon any event, wit	1	Pemale Biblite WIDOWED DIVORCED OF 16 1885 SO yrs. Manths Days Hau	Jrs Min.
9		10a	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT	ī
9	lcion (lease ond in	dur	Wind mest of working life, even if prijed INDESTRY SNOW HILL MARWAND COUNTRY?	A.
fical		13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
erti	phys en p		KENDALL J. BOWEN SARA E. YETTIT	
ŧ	attending permit: The	15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1300
qea	a mine	(16	(lf yes give war ar dates af service) OLIVE P. DAVIS SNAW KLAL	mo
he	(1)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
to.	prysician. signed by the buriol-tronsit p burial, cremoti		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (g) ONSET AN	ID DEATH
± s	pnysician. signed by buriol-tron ourial, crer		6000 DUE TO O O A	
uire	signed buriol-t burial,		Conditions, if any, which gave is to immediate couse (o), (b) Prolinative C	
red		110	stoting the underlying couse DUE TO	
NO.	or to	189	lost. (c) Nephrocolliussis	
The	of or affecting in the first process of the first prior to Heolth prior to	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO	AUTOPSY ORMED?
	of the ho	AIG	ASC V. 12-	
PHYSICIAN:	ospilol or certificate hed for us of Healt	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)	
S	certifice	9	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
F	this certificated for	DE	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Haur a.m. 20f. (City ar tawn) (County)	(State)
9	oy in After the be de Stote	×	p.m. 17 at work 🗀 at wark 🗀	
5	After After d be c e Stote		21. I certify that (I) (this haspital) attended the deceased from 30 30 1966, ta 400, 1966, that (I) (we) lo
ATTENDING	# Se # E		saw the deceased alive on 400 1966, and that death occurred at 3 150 M, from causes and on the date sta	ited abov
A	De retained by DIRECTOR: After ge 3 should be led with the Stot	-	22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	
			M.D. PHYS. DIRECTOR PHYS. L	
Z	RAL DII		NAME (Type) a/o SEON Fitz CARD LL MO Wedical Course Delever March	
SP	NET A	230	30. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
O HOSPITAL	rage 4 moy TO FUNERAL I director, poc should be fil	636	REMOVAL (Specify) Oct 6 1916 (11) ATOLAT METHODICK Sonow Little MA)
2	5	2	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	VP A15 (4)	1	11. A // had III 1 1 19hb eclayer we	2

Table 1. The Control of the Control

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF death. requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND To the c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, campletely filled in by the love carban papers. Page y event, within 72 hours at write RURAL and give negrest town) Salisbury Salisbury 17 days 202 Elizabeth St. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital Salisbury . Md. John Bl. Parsons Home YES \ NOK 3. NAME OF 4. DATE First Middle Last Manth Year DECEASED 10 BR.OWN 21 66 NANCY JANE 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) 5-3-75 WIDOWED Female White DIVORCED and IDa. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician a during most of working life, even if retired) COUNTRY? A Own Home Maryland House Wife 14. MOTHER'S MAIDEN NAME Fannie Mary White maval, Samuel S. Sudler hen attending 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) John B. Parsons Records, Sec. 2 None No crematian INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY Bilateral Bronchopheumonia IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUF TO Conditions, if ony, which gave Recurrent Cerebral Thrombosis 10 months rise ta immediate cause (a). DUE TO stoting the underlying couse last. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES A NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING tached f Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour a.m. Nat While at wark at wark DIRECTOR: After the deceased fram 10/5 , 1966, to 10/21 , 1966that (1) (we) last 1966, and that death accurred at 7P M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram 3 shauld with the be retained saw the deceased alive lan 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF 10/21/66 TO FUNERAL DIRE directar, page 3 shauld be filed w Lenoid V. Maldve, M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Deer's Head Hospital. Salisbury. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Manokin Presbyterian Cem. Princess Anne, Maryland Burial 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Salisbury, Maryland VR A15 (4) 20 M 1/66 ill Funeral Home 1956 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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THE RESERVE OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1484	4		CERTIFICATE	OF DEATH		14846
)[o. COUNTY	Wissonias		MARYLAND	o. STATE	Where deceosed lived, if institution b. COUNTY vland	
		Wicomico (If outside corporate limits d give neorest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporote limits, write RURAL	and give neorest town)
-	d. NAME OF HOSPIT	ITY TAL OR INSTITUTION (If no	t in hospitol, gir	8/11/66 ve street oddress)	d. STREET ADDRESS	lin	e. IS RESIDENCE
11	Pine Bl	uff State		ital	23 S. M	ain Street	ON A FARM? YES NO
3	3. NAME OF DECEASED	Fir		Middle	Lost	4. DATE Month OF DEATH Octobe	Doy Year 4 19 66
	(Type or print) S. SEX	6. COLOR OR RACE	-	Edward Never MARRIED	Bunting B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
F	Male	White	WIDOWED [March 23,	1889 77 yrs.	Months Doys Hours Min.
	00. USUAL OCCUPATION during most of working Painte	N (Give kind of work done life, even if retired)		D OF BUSINESS OR USTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Painte 13. FATHER'S NAME	r			New Cast.	le Co., Del.	U.S.A.
		s Bunting	2		Mary A	lice Cropper	
		ER IN U.S. ARMED FORCES?	f service) 16. SC			cords of Pine	e Bluff
	Yes	World War	· I 16.	1-01-6522	State	Hospital, Sal	
	PART I. DEA	EATH (Enter only one counTH WAS CAUSED BY:		o), (b), ond (c).) Pulmonary	Tuberculos	is	INTERVAL BETWEEN ONSET AND DEATH Unknown
	002	/ IMMEDIATE CAUSE		110281151515	and the second		CHANOWN
	Conditions, if ony	te couse (n)	(b)				
	stoting the unde	erlying couse Dut	(c)				Carlo To
λ -	PART II. OTHER SI			DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
)	20o. ACCIDENT WA			19 C 1 2 2 2 3 3 3 7			PERFORMED?
NI AND	= 20o. ACCIDENT WA						YES NO
	L III LITTLE, NOTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item IB.)	YES NO
	(II CITICK, NOTIT	G CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m.		URY OCCURRED 20e. PLAI	(Enter noture of injury in CE OF INJURY (Home, form tory, street, office bldg., etc.)	n, 20f. (City or town)	(County) (Stote)
	20c. TIME OF INJI Hour o.i	C CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m. 19 ify that (this has)	20d. INJ While of work	URY OCCURRED 20e. PLAN Of While of work form ed the deceased fram A	CE OF INJURY (Home, form tory, street, office bldg., etc.) ugust 11, 1 it death accurred at	966, ta Oct. 4 4:45 M, fram causes an	(County) (Stote) _, 19.66, that (% (we) last d an the date stated abave.
	20c. TIME OF INJ Hour o. p. 21. I certi saw the d 22a. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m. 19 ify that (this has) leceased alive an C	20d. INJ While of work	URY OCCURRED 20e. PLAN Of While of work form ed the deceased fram A	CE OF INJURY (Home, form fory, street, office bldg., etc.) Ligust 11, 1 at death accurred at the physical phys	966, ta Oct. 4 4:45 M, fram causes an MED. DIRECTOR X STAFF	(County) (Stote) , 19.66, that (% (we) last d an the date stated abave. 22b. DATE SIGNED Oct. 5, 1966
	20c. TIME OF INJ Hour o.i p.i 21. I certi saw the d	CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m. 19 ify that (1) (this has leceased alive an C	20d. INJI While of work pital) aftende Oct - 4	URY OCCURRED 20e. PLAN foch of work 1966, and that	LE OF INJURY (Home, form tory, street, office bldg., etc.) LIGUST 11, 1 It death accurred at the accurred at	966, ta Oct. 4 4:45 M, fram causes an PHYS. DIRECTOR DIRECTOR STAFF	(County) (Stote) _, 1966, that (**) (we) last d an the date stated abave. 22b. DATE SIGNED Oct. 5, 1966 tate Hospital
TO SOLUTION OF THE PARTY OF THE	20c. TIME OF INJIHOUT O. p.I 21. I certi saw the d 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	CAUSE OF DEATH 'MEDICAL EXAMINER) URY Month, Doy, Yeor m. 19 ify that (1) (this has leceased alive an C E P F ON, 23b. DATE THE	20d. INJI While of work pital) attende Oct. 4	URY OCCURRED Not While of work ded the deceased fram A 1966, and tha	LE OF INJURY (Home, form tory, street, office bldg., etc.) LIGUST 11, 1 It death accurred at ATTENDING PHYS. 22d. ADDRESS	966, ta Oct. 4 4:45 M, fram causes an PHYS. DIRECTOR DIRECTOR STAFF	(County) (Stote) _, 1966, that (*(we) last d an the date stated abave. 22b. DATE SIGNED Oct. 5, 1966 tate Hospital aryland 21801
1	20c. TIME OF INJ. Hour o., p.I 21. I certi saw the d 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	AUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m. 19 ify that (1) (this has leceased alive an C E. P. F ON, 23b. DATE THE	20d. INJI While otwork pital) attende Oct. 4 Lehan Ritchia	URY OCCURRED Not While of work ed the deceased fram A 1966, and tha M.L ngs, M.D.	CE OF INJURY (Home, form tory, street, office bldg., etc.) LIGUST 11, 1 It death accurred at PHYS. 22d. ADDRESS CREMATORY E E N	20f. (City or town) 966, ta Oct. 4 4:45 M, fram causes an PMD. STAFF DIRECTOR MOREUM PHYS. DIRECTOR Bluff Selisbury, Market Mar	(County) (Stote) _, 1966, that (*(we) last d an the date stated abave. 22b. DATE SIGNED Oct. 5, 1966 tate Hospital aryland 21801

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retoined by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

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AND SERVICE STATE			27.77 E	Arm of C
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to the state of th		Tomas and the second		
		wanted Link		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14847

a. COUNTY						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
	Wi	comico		MARYLA	ND	Maryland Wicowico					
b. C	ITY OR TOW rite RURAL	N 1b	c. CITY OR TOWN (If	outside	corporate limits, wr	ite RURAL	and give near	rest town)			
	Po		Powe	ellvi	lle		20	2.1			
d. N	AME OF HOS	PITAL OR INSTITUT	ION (if not	in hospital, give street add	ress)	d. STREET ADDRESS				a. IS R	ESIDENCE
	In	village								YES _	NO _
	EASED		First	Middle		Last	4. DAT	re Monti	1	Day Y	rear
5. SEX	e or print)	6 00100 00 010	JAMES	OLIN		BURBAGE	DE	ATH Octob			966
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ 8.	. DATE OF BIRTH		9. AGE (In years last birthday)	Months I	YEAR IF UND	
	ale	White		VED X DIVORCED		July 25, 188		19 yrs.	3	6	
during m	ALOCCUPAT ost of worki	ION (Give kind of wor	kdone 10i	b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & St	ate, or foreign country	12. 01	IZEN OF WHA	AT
(.	Retire	a) Farmer		Farming		Powellvil	le, M	lary land		SA	
13. FAT	HER'S NAM	E		7		14. MOTHER'S MAID	EN NAME			- 10	
Hi	ram J.	Burbage				Laura Ann	Powe	11			
15. WAS	DECEASED E	VER IN U.S. ARMED I	ORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT	Dance	Addre			
Ye		War I		217-36-0690	I	Ar. Elton S. Powellville,	. Mar	bage (Sor	1)		
18.	CAUSE OF	DEATH [Enter only o	ne cause p	er line for (a), (b), and (c).]	1	11		<i>y</i> =		INTERVAL B	
	PART I. DE	ATH WAS CAUSED E	Y: 50	14x eastatin	10	hanne				ONSET AND	
	443 X		/	The Contract of the Contract o	(1				-	
Cend	ditions, If		E TO (b)	Jeffertius	in	1					
	rise to	0.44	E TO	A.H.	1						
	e (a), st erlying caus	ating the		euro xe	Ker	a LLS					
			(c) IONS CONTR	RIBUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE C	ONDITIONGIVENIN	PART 1(a)	119. WAS A	AUTOPSY
CAT			-							YES T	RMED?
프 20a.	ACCIDENT	WAS UNDERLYING] 20b	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in	Part I or Part II o	f Item 18.)	1120	110 [8]
	ONTRIBUTE	NG - CAUSE OF DE IFY MEDICAL EXAM	INER)	N/A							
3 20c.		NJURY Month, Day				E OF INJURY (Home, far y, street, office bldg., et		. (City or town)	(Cour	ity)	(State)
WEOICAL 20c.	Hour a.m	And the second s	Wh at v	work Not While	lactory	, street, onice blug., et					
	1. I certify	that (I) (this hos	spital) atte	ended the deceased from	n.19	60 19	1/ 1	oact 31	. 196	that (I)	(we) last
		eased alive on 4	3	19/26, and	that	death occurred at 3	PM.	from the causes	and on th	e date state	d above.
22a.	SIGNATUR	E / /-/)			/				TE SIGNED	
-	TRA	Metta	was	_	M.D.		MED. DIRECTOR	STAFF PHYS.	Nov	. /	/1966
22c.	PHYSICIA NAME (Ty	N'S				22d. ADDRESS				/	
	WAITE (1)	Dr. Fra	nk R.	Lewis		Willar	ds.	Maryland			
23a. BU	RIAL, CREM. MOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMI	ETERY (OR CREMATORY	23d.	LOCATION (City, to	wn or cour	ity) (State)
1	Burial	Nov. 2	1966	Burbage Far	mily	Cemetery	Po	wellville	. Mary	rland	
24. FU!	VERAL DIRE	CTOR	, - ,	ADDRESS		25a. REC	'D BY RE	GISTRAR 25b. RE	GISTRAR'S	SIGNATURE	
H	OLLONA	Y & COMPA	NY, SA	LISBURY, MARY	16 A)	DATE	NOV	3 1966	gelie	wells &	udge
									#=	- 0	-0-

VR AI5 (4) 20M 1/65 TOTAL MENNATURE TOTAL PROPERTY OF THE PROPERTY

 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14846

CERTIFICATE OF DEATH

		14040
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence bear admission)
	o. COUNTY Wicomico MARYLAND	MARYLAND b. COUNTY ICO MICO
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)
	write RURAL and give nearest town)	DEI MAD
	Salisbury 6days.	DEL MARK
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Peninsula General Hospital	FOSKEY LANE ON A FARM?
	NAME OF First Middle	Lost 4. DATE Month Doy Year
	OFCEASED (Type or print) Howard To	Lhoun DEATH rectober 25 19 66
S.		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
3.	A METER MARKET L	C-11-1669 Jost birthdoy) Months Days Hours Min.
1	make IV WIDOWED DIVORCED	6-13 180 / 77 Yrs.
100	. USUAL OCCUPATION (Give kind of work dane ng, mast of working life, even if retired)	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
P	T TRAINMAN RAIL ROAD	DELMAR- MD. 1754
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11	MIJ-CALHOUN	MARVEILEW HEARN
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address MD
(Ye	s, no, or unknown) (If yes give wor ar dotes of service) 7/1-07-79011	SERTRUDE CALHOUN-DELMAN
_	10 - 111011101	
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	bron born INTERVAL BETWEEN ONSET AND PEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CETSE BYTAI	10000
	332 X DUE TO A. 1 - Sant	1000 100 100 100 100 100 100 100 100 10
	Canditians, if ony, which gove) (b)	years years
	rise to immediate cause (a), stoting the underlying cause DUE TO	
	lost. (c)	uneu
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
NO.	TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELEASED TO	PERFORMED?
3		YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1 ar Port II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
WED	Hour a.m. 19 While Nat While of work of work	tory, street, affice bldg/, etc.)
e	21. I certify that (I) (this haspital) attended the deceased fram_	10/19/ 19 6C to 18/25/19 6 Cthat (1) (we) loss
	saw the deceased alive an 19 19 9 and tha	t death accurred at 22 M, from causes and an the date stated above
2	220. SIGNATURE	22b. DATE SIGNED
		ATTENDING MED. STAFF
	M.	111151
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	10 5 10 10 10 100
1	00R/AL 10-21-66 WICOMIC	O MELYORIAL SALIBORY - MD
24	EUNERAL DIRECTOR OF COLOR OF PORCESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1	Karles W. Murrer - welling of	DATE OCT ? C 1956 Milanda Judge
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FOR FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the apprevent, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

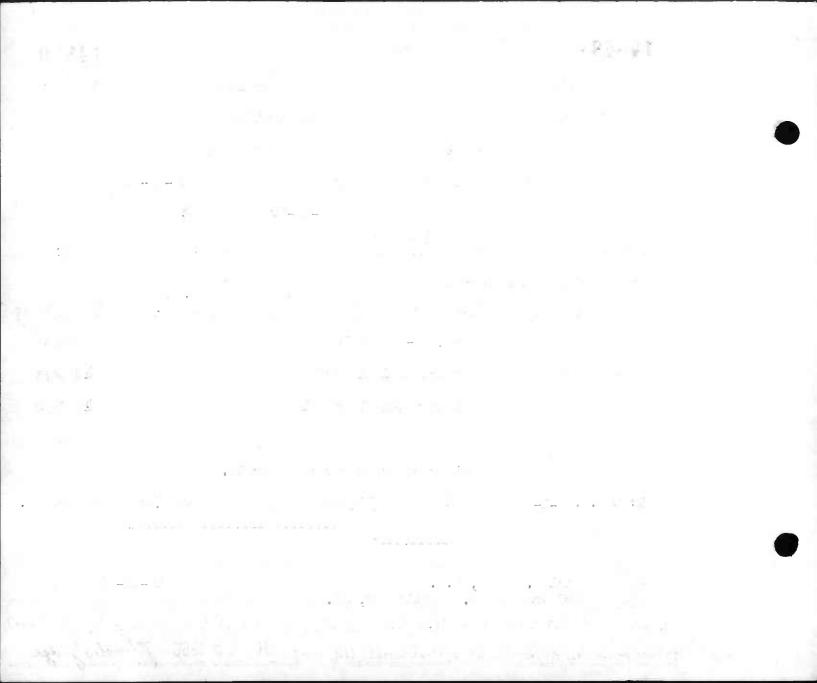
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14847

1. PLACE OF DEATH a. COUNTY Wicomico		2. USUAL RESIDENCE a. STATE Marylan	E (Where deceased lived, If insti d. COUNT	tution: Residence before admission)
	MARYLAND c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury	9/26/66	Salisbu		22-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in t	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Peninsula General Hospi	tal	R.D. 5	, Parker Road	ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
DECEASED (Type or print) MINERVA	HENRILETTA	CAREY	DEATH October	3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	FUNDER 1 YEAR HE UNDER 24 HRS
Female White WIDOWED		May 7, 191	last birthday) N	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. h			unty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY			COUNTRY?
	rt Company		d, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
William Wilson		Mae Lair	d	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	20-12-1671	Mr. William	M. Carey (Hush	oand) irv. Maryland
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CARCINOMI	7 - STOMA	ett. T	ONSET AND DEATH
IMMEDIATE CAUSE (a)				3.7
Operations of any subject)	GENERONI	zion mt	TASTAIS.	
Cenditions, if any, which gave rise to immediate (b)	y cocron	0 (0 ///		
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	PERFORMED?
O LOS ACCIOENT WAS UNIDED VINO	DECORPOR HOW INDUSTRIAL	UDDED (Falso sales of	Indiana to Book I as Book II as I	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	N/A	UKKED. (Enter nature of	injury in Part I or Part II of i	item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fai	m, 20f. (City or town)	(County) (State)
Hour a.m. While	Not while	ory, street, office bldg., et	c.)	
		5 2 10	// // >	
21. I certify that (I) (this hospital) attend	led the deceased from	5 - 20, 19	66 to 10-3	, 1966, that (I) (we) last nd on the date stated above.
saw the deceased alive on	19 6 4, and tha	t death occurred at 4		nd on the date stated above.
22a. SIGNATURE		ATTENDING		22b. DATE SIGNED
Po Stay Car	M.I		RED. STAFF PHYS.	KOCT 66
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Dr. Henry Gray	Reeves	Medical C	enter, Salisbur	v. Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER		23d. LOCATION (City, tow	
Burial Oct. 5.1966	Wicomico Memo	rial Park	Salisbury, M	aryland
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 250. REG	
HOLLOWAY & COMPANY, SALIS	SBURY, MARYLAN	DATE O	CT 5 1966 &	Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Queen Anne's PM3. Page Maryland Wicomico af MARYLAND State Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h write RURAL and give nearest town) Centerville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hours Deers Head State Hospital Wharf Lane Pages NO P This certificate should be executed within 24 hours after deoth. 3 NAME OF Middle First Inst DATE Month within 72 DECEASED 10-10-66 Chambers George Albert (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED W NEVER MARRIED lost arthdoy) Months Davs Hours 9-13-23 WIDOWED DIVORCED event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ANNES 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME Read Commission the certificate, writing the ward "pending" in pencil ir 4 should be forwarded to the Chief Medical Examiner' 14. MOTHER'S MAIDEN NAME = puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) removal. 215-26-4615 UES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Broncho-pneumonia OF IMMEDIATE CAUSE (o) cremation, DHE TO Conditions, if any, which gave 10 days Severed spinal cord rise to immediate couse (a). DUE TO 0 stoting the underlying couse used os buriol, a Dislocation C7 and D1 10 days WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? CERTIFICATION YES K 9 20o. EXTERNAL CAUSE WAS X PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) prior CAUSE OF DEATH. Driver of truck struck by train. its designated agent, 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) at work Not While Sudlersville Queen Anne Md. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection K and in my apinian . Accident X Suicide the funerol director. death resulted from: Natural causes Homicide Undetermined manner moy be retoined FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or Earl L. Royer 10-11-66 EXAMINER'S Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION 23d. LOCATION (City or/Town) (County) D BY REGISTRAR 2Sb. FUNERAL DIRECTOR VR A15ME (\$)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Hes a. COUNTY a. STATE b. COUNTY Pages 1 Wicomico Maryland Wicomico MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury 三 bon papers. within 72 ho d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? Peninsula General Hospital 906 Spring Avenue ND X YES letely carbon NAME OF First DATE Middle Last Day Year DECEASED (Type or print) DEATH compl 1966 COOPER October 6. COLOR OR RACE | 7. MARRIED | remove DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours | in any Female White WIDDWED [Oct. 20.1966 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT i signed by the attending physician burial-transit permit. Then please i burial, cremation, or removal, and in Salisbury, Maryland
14. MOTHER'S MAIDEN NAME certificate 13. FATHER'S NAME Robert Lee Cooper Ruth Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death Mr. Robert L. Cooper (Father) Salisbury. 906 Spring Ave. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which been gave rise to immediate the r DUE TD cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health certificate PERFORMED? YES IT ND the hospital 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) detached for Dept. of B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY DCCURRED 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State I Hour a.m. Not While After at work at work DIRECTOR: Af age 3 should lied with the S retained 1966 to Oct 24 1960 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 6 saw the deceased alive on. and that death occurred at P.P.M., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X pe director, page 3 should be filed v STAFF PHYS. DIRECTOR 1966 TO FUNERAL PHYSICIAN'S ADDRESS NAME (Type) Center, Salisbury, Medical 23b. DATE THEREDE 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Oct. 26,1966 Wicomico Memorial Park Salisbury, Laryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAL'S SIGNATURE OCT 2 7 1966 Contact S 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4)

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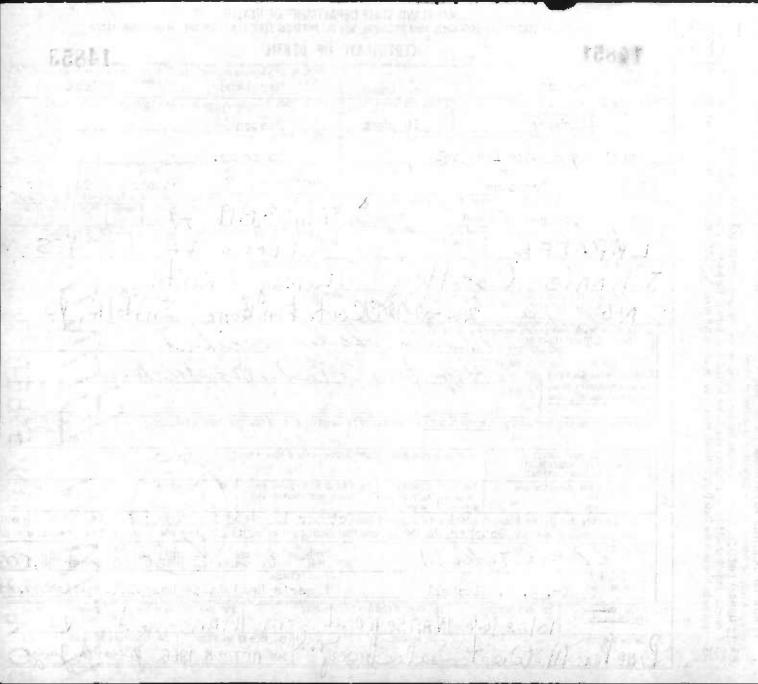
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fter	D — 5		Wicomico CITY OR TOWN (If outside corporote	Limite	MARYLAND c. LENGTH OF STAY IN 1b	CITY OF TOWN (IS ON	tsige corporate limits, write RUR	IA/DOT
rs o	by the f Pages nours afte		write RURAL and give nearest tow		C. LENGTH OF STAT IN 15	c. citt ok lowit (ii oo	OXPORD	At one give neorest rown)
hou	n b rs.	-	Salisbury I. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital,	give street oddress)	d. STREET ADDRESS	11000	e. IS RESIDENCE
24	completely filled in by ove carbon papers. F y event, within 72 hou				spital	71/64	MAN ST	ON A FARM?
ithi	on Fill		NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
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cute	omb ove	S.	6. COLOR OR RA		NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost bigthdoy)	Months Doys Hours Min.
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low requires that the deoth certificate be executed within 24 hours ofter	physician. signed by the attending physician ond completely buriol-tronsit permit. Then please remove carbon burial, cremotion, or removol, and taking event, with		or most of working life, even if retired)		DUSTRY Pood	TA/	bot Med	COUNTRY?
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ooth	attending permit. The		WAS DECEASED/EVER IN U.S. ARMED FO , no, or unknown) (If yes give wor or		SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	Palehan M
e de	attendi permit. ion, or r	-	18. CAUSE OF DEATH (Enter only o	no coura nos lina fas	13-12-5268 14	nepho/18	COROS 0	INTERVAL BETWEEN
± to	lan. by the tronsit p cremotic		PART I. DEATH WAS CAUSED BY		(0), (a), one (c).)			ONSET AND DEATH
s th	physician. signed by buriol-tron burial, crei		332X	DUE TO	1	(; ()		344
uire	physici signed buriol-i burial,	-	Conditions, if ony, which gove rise to immediate couse (o),	(b)	rouic Del	, letation	^	++4++51
v rec			stoting the underlying couse	DUE TO	200/00	/ /	3 6	16/14/14
	ottending has been se os the th prior to		PART II. OTHER SIGNIFICANT CONDITI	(c) ONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	icate ha for use Heolth p	ATION					on one of the truck have	PERFORMED? YES NO
	ficate for us f Heolt	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in F	Port I or Port II of item 18.)	
YSIC	certif certif thed pt. of		(IF EITHER, NOTIFY MEDICAL EXAMINER)				()
F	be retained by the hospital SIRECTOR: After this certifical S should be detached for ed with the Stote Dept. of He	MEDICAL	20c. TIME OF INJURY Month, Day, Y Hour o.m.	While	Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)		(County) (State)
ATTENDING	by th Miter the be de Stote	3	21. I certify that (I) (This	OI WOI		10-61	9.66 to 10-1	2, 19 6that (1) (we) to
NE.	TOR: / hould th the		saw the deceased alive					and an the date stated abov
AI	ECTOR: / S should with the		220. SIGNATURE	190	1		MED. STAFF	22b. DATE SIGNED
LOR	AL DIR page 3		22 C. PHYSICIAM'S	10	uur M.D.	PHYS. L.J. 22d. ADDRESS	DIRECTOR L PHYS.	10/12/00
PITA	RAI r, pc		NAME (Type) STANC	EY L	Brun mi	2 Same	as 1.d.	
TO HOSPITAL	O FUNERAL DIRE O FUNERAL DIRE director, page 3 should be filed w	130	DEMOVIAL (Caracter) A	TE THEREOF	23c NAME OF CEMETERY OR C		23d. LOCATION (City or Tow	(County) (Stote)
2	5 5 5 V	1	FUNERAL DIRECTOR	15-66	SCREAMER	SVILECAM	DY DECISTOAD OCT DEC	ord labor 11/a
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	3	1 /	LIARD WILLIAM	MULL	The work of the	UNIT III	1 1 1000 8	

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MARYLAND STATE DEPARTMENT OF HEALTH L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA

A K	10		Division of STATISTICAL RES	EARCH AND RECORDS, 30	1 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21	201
(IV	1)		14851	CERTIFICATE	OF DEATH		4853
funeral and er deat			PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE Maryland	L COHNTY	nce before odmission)
24 hours after ed in by the fu appers. Pages 1 72 hours ofter			b. CITY OR TOWN (If outside corporote limits, write RURAL ond give neorest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate Easton	limits, write RURAL ond give	re neorest town)
4 hou d in b sers. 72 ho			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
illed in the papers.	9/		Deer's Head State Hospi		Dover Rd.		YES NO
ecuted within 24 completely filled love carbon paper y event, within 7			NAME OF First DECEASED (Type or print) Prentice	Middle	COSTLEY 4. DATE OF DEATH	Month October	Doy Year 24 19 66
executed vind complete		S.	SEX 6. COLOR OR RACE 7. MARRIED Male Colored WIDOWED		\$ DATE OF BIRTH 3.1919 9. 1	AGE (In years IF UNDER Months Yrs.	Doys Hours Min.
an and die rem		10a duri		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or forei		TIZEN OF WHAT DUNTRY? LES
physici physici en plo ovol, o		13.	FATHER'S NAME	stlen	14. MOTHER'S MAIDEN NAME	11-0	
that the death certificate be executed within an. by the attending physician and completely fille ransit permit. Their place remove carbon premotion, or removal, and in ony event, within		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	11 40 00020	INFORMANT FULL HOME	Suffel	K VA
that the dian. by the atternant pern			1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		anda accid	La t	INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. Signed by the burial-transit burial, cremo!			Conditions, if ony, which gove) DUE TO		· Cardio Vasco	la Des	en,
(1)			nse to immediate couse (a), stating the underlying couse lost.				
the la attenc has b se os h prio	2.	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ician: The pital or at rificate had for use of Health		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II	of item 1B.)	
the hose this ce detache e Dept.		MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. Whi		ICE OF INJURY (Home, form, 20f. (tory, street, office bldg., etc.)	City or town) (Co	ounty) (Stote)
ed by R: After Jild be he Stot			21. I certify that (I) (this haspital) atte	nded the deceosed from O	ctober 10 , 1966 , tal	October 24 19 from couses and on t	66, that (I) (we) last
be retoin DIRECTOR ge 3 shoulded with the			220. SIGNATURE	,11	D. PHYS. W DIRECTOR C	STAFF 22b. C	tober 24,1966
	1		22c. PHYSICIAN'S NAME (Type) Dr. A. C. Mitc	hell	22d. ADDRESS Deer's Head Sta		
ro Hospital Page 4 may o Funeral director, pag should be fi		230	BURIAL, CRAMATION, 23b. DATE THEREOF	NANSE MO		TION (City or Town)	(County) (State)
		2	FUNERAL DISECTOR	ADDRESS.	250. REC'D BY REGISTRAR	25b. REGISTRAR'S	
VR A15 (4) 20 M 1/66		7	Dooker 111. West	Jalestin	DATE OCT 28	1966 Jaco	vles Judge



FOR STATE HEALTH DEPT

PM3. Poge any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office olong with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of which ithin 72 hours ofter deoth. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If Heolth or its designoted agent, prior to buriol, cremation, ar removol, and in any 5 may be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1485%	MEDICAL EXAMIN	FK.2	LEKTIFICATE U	r DEATH	14	854	
	PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceosed lived, if institu		before odmission)	_
	o. COUNTY Wicomico	MARYL	AND	Mar	y Land b. col	Wic	omico	
	b. CITY DR TDWN (If outside corporate limits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If out	tside corporote limits, write RL	IRAL and give n	eorest town)	
	write RURAL and give nearest town)	202v:	-		skin		22.1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)		d. STREET ADDRESS			e. 15 RESIDEN	
	Peninsula Ge	eneral Hospital		Rou	te l		YES NO	X
	NAME OF First DECEASED	Middle		Lost	4. DATE Mor		Doy Year	
	(Type or print) ELDNA	М.		COX	DEATH	10-10-		uDr.
S.	SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED		10-8-86	9. AGE (In years lost hirthday)	Months Do		Min.
10-	USUAL DCCUPATION (Give kind of work done	WIDOWED DIVORCED 10b. KIND DF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign country	12 CITIZE	N OF WHAT	
	ing most of working life, even if retired)	INDUSTRY		M.	_ 1	COUNT		
13	FATHER'S NAME	Uwn Nome		14. MDTHER'S MAIDEN N	MF		-	
13.	Tab = 1/2	- 1		Min LL				
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. IN	IFORMANT	Add	ess	. 11	
(¥e	es, no or unknown) (If yes give wor or dates of se	ervice)	F	may P	Tuzz	nh .	NH	
	18. CAUSE OF DEATH (Enter only one couse	per line for (o) (b) and (c).)	0-1	Met Co	x, 170011	11/	INTERVAL BETWEE	EN .
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cononant occ	lusi	on			DOURS HOURS	Н
	4201 DUE TD							
	Conditions, if ony, which gove) (b)	Arterioscler	otic	cardio-vas	cular disease		Years	5
	rise to immediate couse (o), Stating the underlying couse DUE TD							
	lost. (c)					<u> </u>		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT RELA	TED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)		19. WAS AUTOPS! PERFORMED?	_
CAT	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCC	CIIDDED /	Inter pature of injury in E	Part I or Part II of item 19.)		YES K NO	
MEDICAL CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	200. DESCRIBE HOW INJURY OCC	LOKKED. (iner notice of injury in r	on ron non nem 18.)			
MEDICA	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19	20d. INJURY OCCURRED While Not While of work Of work		E DF INJURY (Home, farm ry, street, office bldg., etc.)		(County	y) (Stot	te)
	21. I certify that I took charge of		ove hel	d an Autopsy 🕅	Inspection X Inq	uiry 🛣,	and in my api	inian
	1 // "	couses X. Accident .	Suici					
	10.7			CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE			_M.D. ASSISTANT MEDI	CAL EXAMINER	0 1 1	22. DATE SIG	
/	EXAMINER'S NAME (Type) 409 Camden Av		Md.		L EXAMINER	October	11, 196	06
230	D. BURIAL, CREMATION, 23b. DATE THERE	OF 23 NAME OF CEMET	ERY OR C	REMATORY	284 LOCATION (City or To	own) / Ko	unty) (Stote	;)
	REMOVAL (Specify)	SC 18113/11	6	(em	BIVZIVE	116	1.	
2	4. FUNERAL DIRECTOR	poseil ADDRESS				EGISTRAR'S SIGN		
	Messick Funeral Home	Birra Irra Md		DATE	1CT 1 3 1966	your	Con July	

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

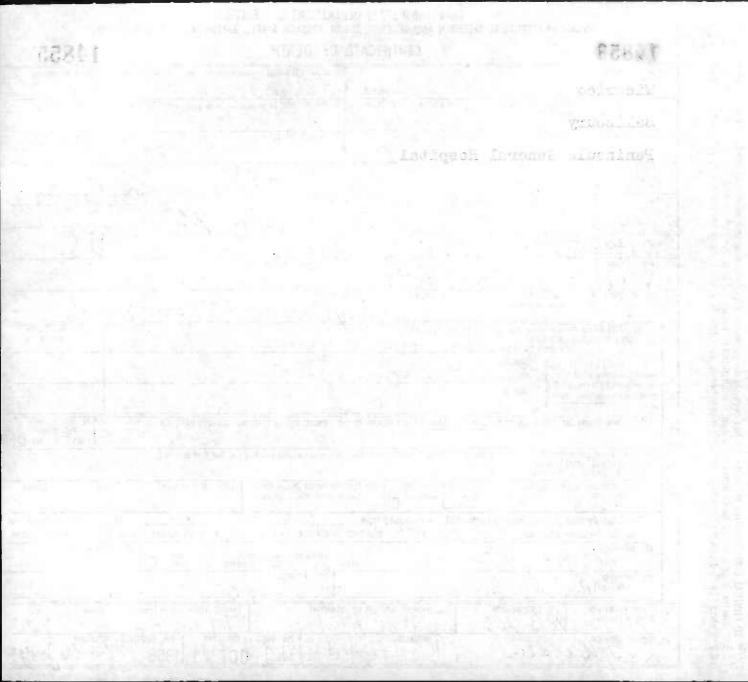
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CERTIFICATE OF DEATH

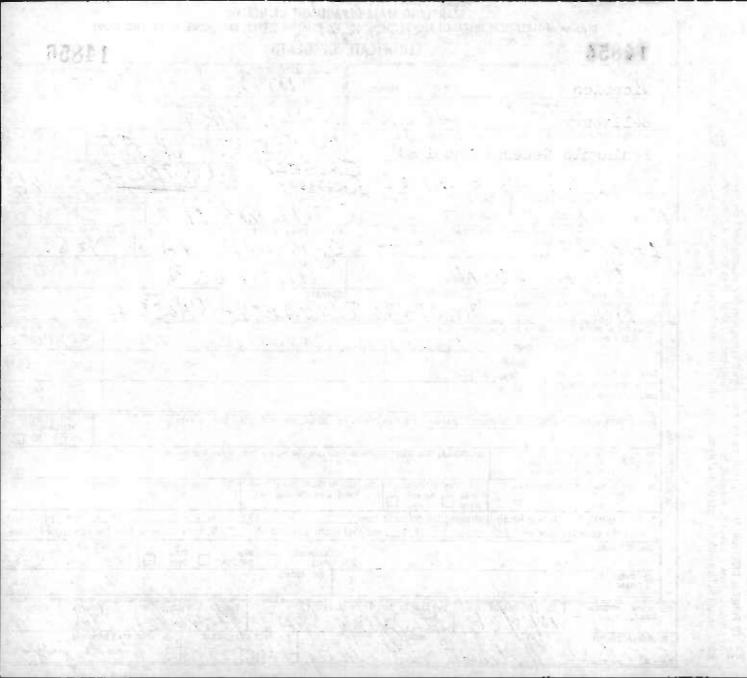
14855

1 X O O O				1.1000
1. PLACE OF DEATH	FIT E VEST	2. USUAL RESIDENCE (When	re deceased lived, if institution: Resi	idence befare admission)
Wicomico	MARYLAND	a. STATE VIRG	b. COUNTY	
	TH OF STAY IN 16		e corporate limits, write RURAL and	give negrest town)
write RURAL and give negrest town)	01 3 10	-01/6/	o O	give inediesi idwiij
Salisbury		1110010	C.K.	45.5
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula General Hospit	tal			YES NO
3. NAME OF First	Middle	Last 4.	DATE Month	Day Year
(Type or print) NeLDON THOMAS	5 (21	CKOTT	OF DEATH OCTOBER	22, 1966
	VER MARRIED	B. DATE OF BIRTH		ER I YEAR IF UNDER 24 HR
man and a second		3-4-189	Jast birthday) Month	s Doys Haurs Min.
THE WITTER	Director	10/0) Yrs.	CITIZEN OF WHAT
10o. USUAL OCCUPATION (Give kind of wark dane during, most of warkjng life, even if retired)	SINESS OK	11. BIRTHPLACE (County & St	ate, or fareign country)	CITIZEN OF WHAT
Waterman Jeat	000	Accomac (_o, Va,	03.
13. FATHER'S NAME	, /	14. MOTHER'S MAIDEN NAM	E D /-	
Willie 1. Crock	ett.	1222/	1737 Kil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO. 13 1	NFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dates of service)	Ro	VI rooket	+ Tanaia	10 1/2
	<u>IJa</u>	YLIVENE	14/19/16	Y VZ.
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY:	. 0	1 200 0 - 1 11	C	ONSET AND DEATH
IMMEDIATE CAUSE (a)	NOW MAY	FW ROYN	7	2 cars
15 3 % DUE TO		0		
Conditions, if ony, which gave) (b) (b)	-/ WOMA	- COLON.		
rise to immediate cause (o), stating the underlying cause DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO			(-/	PERFORMED?
A ACCIDENT WAS IMPEDIATING TO AND DESCRIPT HO	W INTERV OCCUPATO	(C	1 - D. A. H. China In S	YES NO
20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. DESCRIBE HOW 20g. DES	W INJURY OCCURRED.	(Enter nature af injury in Part	f or Port II at item 18.)	
THE ETTIEN, NOTIFE MEDICAL CARMINER			A STATE OF THE PARTY OF THE PAR	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCI		E OF INJURY (Hame, farm,	20f. (City or town) ((County) (State)
Haur a.m. 19 While Not p.m. 19	While wark I facto	ary, street, affice bldg., etc.)		
21. I certify that (I) (this haspital) attended the		Oet 4 . 196	6, to Dat-22,1	9 66 that (1) (we) la
saw the deceased olive on Qct 22	1966 and that	death accurred at &	M, from causes and on	the date stated above
220. SIGNATURE	,,,		77	DATE SIGNED
It From theer mi) Mr	ATTENDING MEL). STAFF	220ct 66
22c. PHYSICIAN'S	→ M.D	22d. ADDRESS	ECTOR L PHYS. L	2000
NAME (Type) H. GRAY KEEVES		Media 1	ENTER SAL	Shugal MN
- MONTY TICCES		MAICHE C	UNIERIDAG	JULIAY, 1110
	AME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
BREMOVAL (Specify) 10/25/66 SW	ain (h	ureb	13 no, 1ex	VZ
	ADDRESS 1	250. REG'D BY	REGISTRAR 25b. REGISTRAR	
L. D'Webster (2	1917	d Noted o	ICT 9 1 1956 80	Charley Judg

TO FUNERAL DIRECTOR: After this certificate has been signed by the atletiding physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit penalt. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Ttem #7 Film 0 requires that the death certificate be executed within 24 hours ofter death. completely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Wicomico b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd ss Peninsula General Hospital within / YES NO 3. NAME OF Middle DATE DECEASED DEATH (Type or print IF UNDER 1 YEAR SFX 7. MARRIED NEVER MARRIED DATE OF BIRTH remove lest birthdoy) Months Days Hours in ony DIVORCED WIDOWED physicion and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) IDo. USUAL OCCUPATION (Give kind of work done during most of working life even in retifed) please **INDUSTRY** or removal-ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ottending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physicion. DUF TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO attending p stoting the underlying couse Heolth prior to TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO YES Por 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased from 194 Oto 19(0) that (I) Ywe) last plnous filed with the 19 Cand that death accurred at 9 M. from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF MOCATION (City or Town) (Stote) REMOVAL (Specify) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE EUNFRAL DIRECTOR VR A15 (4) 20 M 1/66 harley DATE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1485	55		CERTI	FICATI	OF DEATH			1	148	57	
1.		icomico			RYLAND		yland	l. b. co	UNITY Que	en A	nne!s	
	b. CITY OR TOW write RURAL	N (If autside corparate limit ond give nearest town) alisbury	s,	c. LENGTH OF STAY 5 day		Sudlersv		porote limits, write R	URAL and giv	re neares	t town)	
		PITAL OR INSTITUTION (If n er's Head St		give street oddress)		d. STREET ADDRESS RFD					e. IS RESID ON A FA YES	ARM?
3.	NAME OF DECEASED (Type or print)		rst	Middle Mae		Lost DARLING	4. DAT			Day	Yeo	
S.	SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		B. DATE OF BIRTH August, 8, 18	392	9. AGE (In years 74 last birthday) 75.	IF UNDER Months	1 YEAR Doys	Hours Hours	
10 du	a. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. K	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Count	ty & State, a	or foreign country)		TIZEN OF DUNTRY?		
	John Ca	14. MOTHER'S MAIDEN Ida Weller										
- 0	es, na, ar unknaw	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dates	of service) 16.	SOCIAL SECURITY NO.		informant arence Darl	ling.	Barcla	ress	216	307	
	PART 1. I	E DEATH (Enter only ane callEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE INTY, which gave liate cause (a), iderlying cause	(a) R 10 (b) A	ecurrent o		ral thrombo	sis			9N	renal Bety ISET AND D days Cears	EATH
VIION	PART II. OTHE	SIGNIFICANT CONDITIONS	(c) CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	O NOITION (GIVEN IN PART 1(a)			WAS AUTO PERFORME	OPSY ED? NO
MEDICAL CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	n Part I ar	Part II of item 18.)				
MEDICAL		INJURY Month, Day, Yeor o.m. p.m. 19	While	k nt work	fac	CE OF INJURY (Hame, far tary, street, affice bldg., etc	c.)		100 70	iunty)		State)
	21. I ce	rtify that (I) (this ha	spital) atten Octobe:	ded the deceased r 23 19 66 ,	d fram_ and the	October 18, It death accurred a	19 <u>66</u>	, ta <u>Octobe</u> PM, fram cause:				we) las abave
	22a. SIGNATU	VV. Ch	slde		M	D. ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	-	• 24	196	66
	22c. PHYSICIA NAME (T	ype) Dr. L. V.						State Hosp				
	Burial, CREM Burial (Spe	Oct. 26		23c. NAME OF CEN		Cemetery	Suc	LOCATION (City or I	e, Q.A		Md	tate)
5	Edward	Fellows.	M	ADDRESS .llington,	Md.	03053	OCT	256. 1 27 1966	registrar's		s Jus	42

to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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white settoms - selling to the little to the little selling to the property
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PHYSICIAN'S/ NAME (Type)

22c.

23a.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If incitiotion residence federa semistric and the semistric	5	1		DIVISIO	N OF STATISTI	MAR CAL RESE	YLAND STA	TE DE	PARTMENT OF	F HEALTH	RAI TIMORE 1	MARYI	AND
The state of the s	ė	F 2 4	-	1485	5	T+o							
The state of the s	eat	a at a d	1.	PLACE OF DEATH		100			2. USUAL RESIDEN	CE (Where decease	d lived, If institution	: Residence	pefore admission)
A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. STREET ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A GREMT ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A GREMT ADDRESS O. A GREM	er d	ter d		W			MA	RYLAND	Mar				
A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. STREET ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A GREMT ADDRESS O. A FREMT ADDRESS O. A GREMT ADDRESS O. A GREMT ADDRESS O. A GREM	aff	± ee ±	-	b. CITY OR TOWN	V (if outside corpora	te limits,	c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN (I	foutside corpora	te limits, write RU	RAL and give	nearest town)
THE STATE OF THE STITL OF RESTITUTION (FIRST IN ADDRESS) S. SARESTORM OF A FARME OF DECEASE OF DECEASE OF STREET ADDRESS S. SARESTORM OF A FARME OF DECEASE OF DECEASE OF STREET ADDRESS S. DATE OF BIRTH OCT. 3. NAME OF DECEASE OF DECEASE OF STREET OF STREET OF STREET OF DECEASE OF STREET OF S	urs	d S no				'''')	3 We	eks				2.3	2
3. NAME OF DECEASE OF PINITE TOTAL STATE MIDDLE Last 4. DATE OF DEATH OCT 28. 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DEATH 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DEATH 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DEATH 1966 3. NAME OF DECEASE OF PINITE MIDDLE LAST 1966 3. NAME OF DEATH 1966 4. DATE OF DEATH 1966 4. DAT		ed i ers. 72 h	17.7			ON (if not in i	ospital, give stree	t address)	d. STREET ADDRESS			0.	IS RESIDENCE
DAVIDSON Sex 6. Color or race 7. Married Never married 8. Date of Birth 9. Age (in years IFUNDER 1948 Months Days				Sprin	g Hill N	ursing	Home		Bisho	pville		YE	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH (ast birthday) Months Days Hours Min (ast birthday Months Days Hours Min (ast birthday) Months Days Hours Min (ast birthday Months Days Hours Min (ast birthday) Months Days Hours Min (ast birthday Months Days Hours Min (ast birthday) Months Days Hours Min (ast birthday Months Days Hours Min (ast birthday) Months Days Hours Min (ast birthday Months Days Hours Min (ast birthday) Months Days Hours Min (ast birthday Months Da	th High	tely you with	3.	NAME OF		rst	Middle		Last		Month	Day	Year
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during most of working life, even if retired) Delaware	xeci	and any		Female	White	WIDOWED	DIVOR	CED THE	arch 12, 1	1873 9	yrs.		
13. FATHER'S NAME AT INVESTIGATE AND PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF PART	4	55.5	10a dur	ing most of work!	ng life, even If retire	d) I	NDUSTRY	OR				COUNTRY?	FWHAT
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The state of the s	erti	The								, Breas			
at total test of the part of t		o ii tē	15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates	f service)							
The state of the s	leat	e at pern ion,				T-	- 1 - 1		seph Davi	dron B	shopvil		
TIMMEDIATE CAUSE (a) The property of the pr		th the mati					line for (a), (b), and	i (c).]		0	-/ .	INTER	VAL BETWEEN T AND DEATH
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS. PERFORMED? YES NO PERFORMED. YES NO	at ti	d b cre		PART I. DE			andio	you.	ocular/	recel	deseas	2	
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS. PERFORMED? YES NO PERFORMED. YES NO	this	al,	F.	442X		TO							
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS. PERFORMED? YES NO PERFORMED. YES NO	ires	n si bur				(b)							
DISCOUNT IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING COURTED. 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING TO COURTED. (Enter nature of Injury In Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED CONTRIBUTING COURTED. (CITY OF THE CONTRIBUTION COURTED CO	equ	2 e e e		cause (a), st	ating the DUE	TO							
PERFORMED? YES NO PART NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH	W I	as as orio	z				UTINO TO DEATH OU	TAINT DEL S		DIARIAR COURTY	ON OUNCE IN DADT	(1) 110 1	WAD AUTODOV
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Not While at work 19 at	e	(1)	AT10	PARTIT. UTHERS	IGNIFICANT CONDITI	UNS CONTRIB	UTING TO DEATH BU	INOTRELA	TED TO THE TERMINAL	DISEASE CONDITI	ON GIVEN IN PART 1		PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Not While at work 19 at	=======================================	fical or u	FIC/	OO - ACCUPENT	WAS UNDERSTORES	1 001	DECODEDE MON IN	HIRV Asoli	DDED (F.L.	/ to be see to Book to			□ NO 🔀
P.m. 19 at work at wor	ICIAN	certi ned 1		OR CONTRIBUTII	NG 🗀 CAUSE OF DEA	TH	DESCRIBE HOW IN	JURY OCCU	KRED. (Enter nature o	T INJURY IN PART I	or Part II of Item	18.)	
The state of the s	PHY	THE REAL PROPERTY.	CAL			1000			CE OF INJURY (Home, f y, street, office bidg.,	arm, 20f. (City	or town) (County)	(State)
21. I certify that (i) (this hospital) attended the deceased from 10-24, 1966, to 10-28, 1966, that (i) (we) la saw the deceased alive on 10-24 and that death occurred at M, from the causes and on the date stated above 22a. SIGNATURE	200	fter be Stat	ME			at wor	k at work						/
saw the deceased alive on 10 24 1946, and that death occurréd at M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED	NDI	uld A		21. I certify	that (I) (this hos	pital) attend	led the deceased		-	966 to 1	0-28,19	66, tha	t (I) (Wellast
22b. DATE SIGNATURE	Hete	sho th t				10.5	7 1966	, and that	death occurred at_	M, from			
ATTENDING MED. STAFF TO 11-1-66	S A A	W SEC		zza. SIGNATUR	ly n	. 6	10		ATTENDING DIVE	MED.	STAFF -		, //

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 31/66 25a. REC'D BY REGISTRAN 250 RECISTRANT SIGNATURE 1966 VR A15 (4) 15M 4-64

23c. NAME OF GEMETERY OR CREMATORY

22d. ADDRESS

23d. LOCATION (City, town or county)

(State)

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death 2	1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceas	ed lived, if instituti	an: Residence	before ad	mission)	-
within 72 hours after deat		. COUNTY	licomico		MARYLAND	II o STATE	land	b. COUN	TY	comic		
affe			If autside carporote limits	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		te limits, write RUR				
Pog urs		Salisbur	give nearest tawn)		603 Days	Salisbur	v			22	./	
rs.		. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g		d. STREET ADDRESS	J			e. IS	RESIDENCE N A FARM?	
1	De	ente Hes	d State Hos	enital	Salisbury Md.	522 E. 1	sabell	a St.		YES	N A FARM?	
withi	3.	NAME OF		rst red T	Middle	Last	4. DATE	Manth)	Day	Year	
		Type ar print)	Osca	r	Earl	Davis	OF DEATH	10	27	7	19 66	ł
	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years last birthdoy)	IF UNDER 1 Y	YEAR IF U	INDER 24 H	F
	1	ale	White	WIDOWED	DIVORCED	January 19,	1884	82 yrs.	9	8		
		USUAL OCCUPATION	(Give kind af wark dane	10b. KI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, ar for	reign country)	12. CITIZ	EN OF WHA	AT	
		Retired	- Salesman	Fur	niture	Whaleysvi		aryland		SA		
an dring dring and		FATHER'S NAME				14. MOTHER'S MAIDEN						
		Peter L.				Hester D						
burial, cremotion, or remo	IS. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES?	t service!		INFORMANI Nirs. Irma D.	. Thur:	ston (Dai	ighter)		
n,		No			4-10-8494	Glen Ave. E				vland		
oto		1B. CAUSE OF DI	EATH (Enter anly one cau IH WAS CAUSED BY:						200	QNSET A	L BETWEEN AND DEATH hrs	
5			IMMEDIATE CAUSE	(-)	onchopneumoni	a				48	hrs	•
		4200 Canditions, if ony	DUE which gave 1	(b) Ar	terioscleroti	c heart dise	ase			Vo	ars	
5		rise to immediat	e cause (a),	TO			0000	7.0		160	01.0	
		stating the unde	rlying cause	(c) Ar	teriosclerosi	s, general			1	Yea	ars	
	_	PART II. OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	934		AUTOPSY ORMED?	
0	CERTIFICATION									YES	NO [ĺ
0	TIFIC	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Part	II af item IB.)				
	GE	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		N/A							
	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year			ACE OF INJURY (Home, farm stary, street, affice bldg., etc.		(City or tawn)	(Count	ly)	(Stote)	
	ME	p.r		While at wark								
		21. I certi	fy that (I) (this hos	pital) attenç	led the deceased from_	3/3	19_65, p	10/27	, 19_6	6 that ((i) (we)	İ
			eceased alive an	10/	27_19_66 and the	at death occurred at	6:05M	, fram causes o			ated abo)
		22a. SIGNATURE	ttella.	, and	397	ATTENDING	MED.	STAFF PHYS.	22b. DATI		,	
		22c. PHYSICIAN'S	3 word	Clat.	70 1 A M	D. PHYS. L	DIRECTOR	PHYS.	1 10	/28/6	06	
1		NAME (Type	С. Н.	Winnac	ott, M. D.	Deer's H	ead St	ate Hosp	ital.S	alist	oury.l	-
	230	BURIAL, CREMATIC		REOF	23c. NAME OF CEMETERY OR			CATION (City or Tow		aunty)	(State)	ī
should be filed v		REMOVAL (Specify Burial		.1966	Parsons Ceme	eterv	100	lisbury.		and		
2	24	FUNERAL DIRECTO	R	3165319	ADDRESS	2Sa. REC'	D BY REGISTRA	AR 2Sb. REC	GISTRAR'S SIGI	NATURE		
(4) 12/		HOLLOW	AV & COMPAN	V SAT	ISLURY MARYI.	ND DATE AS	0110	4000 I	Willen	10. ().	110	

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	STATE DEPARTMENT OF HEALTH	(LAND 21201
858 CERT	TORDS 301 W. PRESTON STREET, BALTIMORE, MARY	14860
DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. CO.)	ution: Residence befor

7 7000	14000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY Wicomico MARYL	and o. STATE Md. b. COUNTY Worcester
b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN	1b c. CITY OP TOWN (If autside carparate limits, write RUPAL and give nearest tawn)
write RURAL and give nearest town) Salisbury	thomate City 23,2
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)	d. SIREET ADDRESS
	OFD R 150 ON A FARM?
Peninsula General Hospital	I K.F.D. DOX 137 YES NO X
3. NAME OF DECEASED (Type or print) Alice	DICKERSON 4. DATE Month Day Year OF TOBER 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE NEGRO WIDOWED DIVORCED	Apr. 2/2, 1908 5 Haurs Min.
10a_USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during hast af warking lift, even if retired) NDUSTRY	COUNTRY? , C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	14. MOTHER S MAINTEN NAME
George Hudson	Elnora loreman
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no of unknown) (If yes give war or dates af service) 137-18-1084	17. INFORMANT
NO - 131-18-1084	John Vickerson racomoke City, Md.
18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).)	1 INTERVAL SETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Julianoe o	ccal Heminutes Consert AND DEATH
3401 DUE TO	The state of the s
Conditions, if any, which gave) (b) succession	MAR
nise ta immediate cause (a),	
storing the underlying cause	
, (1)	TO THE TENNES OF THE PROPERTY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
5	YES NO
E 20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of injury in Part I or Port II af item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Oe. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour a.m. 19 While at wark at work	factory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fr	am 10/27 , 19 66 to 10/28 , 196 6 that (1) (we) la
	and that death accurred at nAM, fram causes and an the date stated above
220 SI MATURE	22b. DATE SIGNED
	ATTENDING MED. STAFF
TIC PHYSICIAN'S	M.D. PHYS. L.J DIRECTOR L.J PHYS. L.J
NAME (Type)	ZZU. ADDRESS
230. BURIAL, CREMATION, REMOVAL Specify 23b. DATE THEREOF 23c. NAME OF CEMETE	
1 June 11-15-66 00000	rille Pocomoke Wor., Md.
24. EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
X Bhalill Soverd New U	Mich Va. DATE NOV 3 1966 Schanley Juden

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funerol director, page 3 shauld be detached for use os the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or removal and in ony event, within 72 hours offer death Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

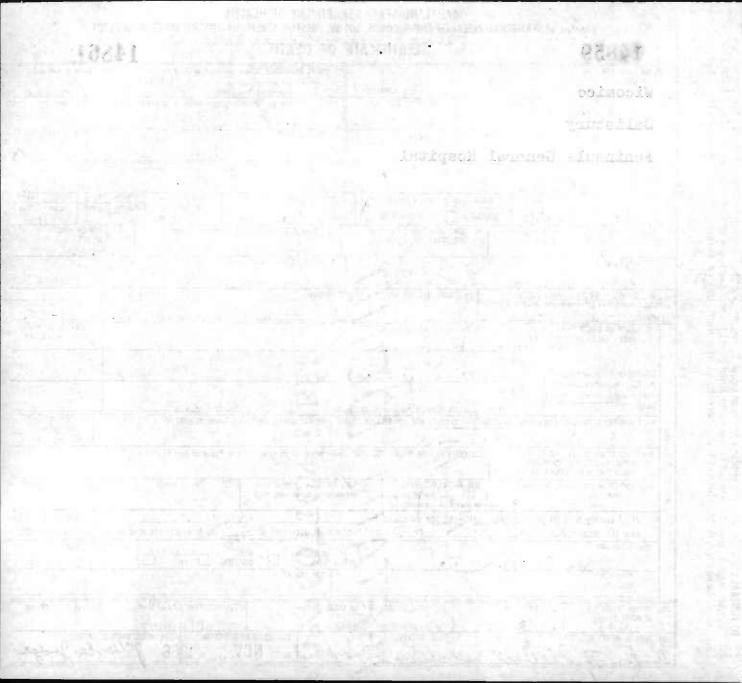
28-121 11/2/1 A LEON IN ane Hull your San Francis Cond. Texterist ... Element 11-3-66 Withours Exception and the second secon

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Items 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Wicomico MARYLAND dicomico CITY OR TOWN (If outside corparate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) Salisbury Dalisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS NO A YES Peninsula General Hospital Fitzwater 3. NAME OF Middle DATE Manth Day Last Year DECEASED (Type or print) DEATH IF UNDER YEAR IF UNDER 24 HRS. S SEX AGE (In years COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) July 28, 1966 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? Marvland Non 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME archie Donaldsor arian Parson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknawn) (If yes give war ar dotes of service) Marian Parson Fitzwater St. Salis-INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES 🔀 NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. Nat While at work 19 6 that (I) (we) last 21. I certify that (I) (this haspitol) attended the deceosed from 19 66 10 19 66 and that death accurred at 9 42M, from causes and on the dote stoted abave. saw the deceosed alive on 22o. SIGNATURE 22b. OATE SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (State) (County) REMOVAL (Specify) Buria Acres 2Sb. REGISTRAR'S SIGNATURI 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR

low requires that the death certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. Then please remove corbon popers. Pages_Lond within 72 hours ofter and in any event, removor burial-transit signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or attending physician. prior to this certificate has been use os the Health p for be detached Stote Dept. TO FUNERAL DIRECTOR: After 3 should director, poge 3 should be filed v

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT. necessory, please execute the certificote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office olong with form PM3. Page bite pages 1 and 2 with the State Department of This certificate should be executed within 24 hours ofter death. If any delay is 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Heolth or its designated ogent, prior ta burial, cremotian, or remaval, TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

14860	MED	OICAL EXAMINER'S			14	1862
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if in	stitution: Residence	before odmission)
o. COUNTY W	icomico	MARYLAND	o. STATE Mary	yland b.	COUNTY	omico
b. CITY OR TOWN (If ou	rtside corporote limits,	c. LENGTH OF STAY IN 1b		itside corporate limits, writ		
write RURAL and give	alisbury		Marc	dela	4	22.1
d. NAME OF HOSPITAL C	OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
DOA Pe	ninsula General	Hospital				YES NO K
3. NAME OF DECEASED (Type or print)	CHRISTINE	Middle ANN	Lost DWYER	4. DATE OF DEATH	Month 10-31-66	Doy Year 6 19
S. SEX 6.	COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	ors IF UNDER 1 Y	
F	W WIDOWED	DIVORCED	9-3-57	lost birthdo	γrs. Months D	Doγs Hours Min.
10o. USUAL OCCUPATION (Gi	ve kind of work done 10b. K	IND OF BUSERBOOL ODUSTRY ementary	11. BIRTHPLACE (Stote	or foreign country)		EN OF WHAT
during most of working life, Student	E1	ementary	Salisbu	ry, Md.	COUN	SA
13. FATHER'S NAME		•	14. MOTHER'S MAIDEN I	NAME		
Joseph	- 0			Carlson		
1S. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	es give wor or dates of service)	one Jo	seph R.Dwy	yer, Marde	la, Md.	
18. CAUSE OF DEATH PART I. DEATH V	(Enter only one couse per line for					INTERVAL BETWEEN
8191	IMMEDIATE CAUSE (o)	acture disloca	ition cervica	al spine		SUED AND PREATH
Conditions, if ony, wh	DUE TO					
rise to immediate co	use (o), DUE TO					
stoting the underlyin	g couse					
	(c)	TO DEATH DUT NOT DELATED TO	THE TEDMINAL DISEASE CON	IDITION CIVEN IN DART 1/2		10 WAS AUTOPSY
CATION		4/.			,	19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL CAUSE PRIMARY OF CONTRI		ESCRIBE HOW INJURY OCCURRED.			(.)	
CAUSE OF DEATH.		Pedestrian st				
20c. TIME OF INJURY Hour XXX 6:15 p.m.		NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form tory, street, office bldg., etc.) Loute 313	, 20f. (City or tow	n) (Count	., , , ,
	nat I toak charge of the rei				-	and in my apinian
	fram: Natural causes		cide , Hamicide			and in my apiman
			CHIEF MEDICAL			
ACTUAL SIGNATURE	and a		M.D. ASSISTANT MEDI	ICAL EXAMINER		22. DATE SIGNED
EXAMINER'S Ea NAME (Type) 40	rl L. Royer, M 9 Camden Ave.,	d. Jalisbury, Md.		L EXAMINER 🔀 , city, town, or county)	Novembe	er 1, 1966
230. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City of		ounty) (Stote)
Burial Specify)	11-3-66	Springhill		s. Salisb	ury, Md.	
24. FUNERAL DIRECTOR		ADDRESS			. REGISTRAR'S SIGN	
Marvel Fun	eral Home, Delm	ar, Del.	DATE N	OV 3 1966	Millian	les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14861

CERTIFICATE OF DEATH

14863

	INCUL			1.4	000				
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deco		nce before odmission)				
	o. COUNTY Wicomico	MARYLAND	o. STATE	b. COUNTY	HICONICO				
	h CITY OR TOWN (If outside corporate limits	CLENGTH OF STAY IN 1b	c. CUY OR TOWN (If outside corpo	orote limits, write RURAL and gir	ve negrest town)				
	write RURAL and give neorest town) Salisbury	20 / = -	147-11:	RID	091				
_		19 De/2	1 1 4 8 2 1 1 N	UN PD,	e. IS RESIDENCE				
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS		ON A FARM?				
	Peninsula General	Hospital			YES NO				
	NAME OF First	Middle	Lost 4. DATI	E Month	Doy Year				
	DECEASED (Type or print) DELLA	P.	ELSEY DEAT	TH OCTOBER	27 1966				
	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER					
	EMPLE NOOMS WI	DOWED DIVORCED	9/1/1900	Jest birthdoy) Months	Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or	r foreign country) 12. Cl	ITIZEN OF WHAT				
ri	ing most of working life, even if retired)	INDUSTRY]	MA	C	DUNTRY?				
1	FATHER'S NAME	cated Indask	14. MOTHER'S MAIDEN NAME		1 - 0				
	17- P1	V	14-	[1/-T. W.	-14				
_	Janes Voll	LY COCIAL CECURITY NO. 17. 1	1/dm/c	Address	941				
	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, grunknown) ((If yes give wor or dotes of servi		NFORMANT	Address	2- 111				
	100	14	11/15 F 15e4	Nontreur	18,16				
	1B. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), ond (c).)	1 , 10	1	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	1erry Gax	200 Lu des 9	sinal	UNSET AND DEATH				
ı	578 X DUE TO				day				
I	Conditions, if ony, which gove) (b)	leemoule	208		V				
rise to immediate couse (o). Stoting the underlying couse									
I	last. (c)		V		N 200 X X				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?						
	THE RESIDENCE OF THE PARTY OF T			()	PERFORMED?				
	ACCIDENT WAS INDERIVING ST	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Oast 1 or 1	Part II of item 10)	163 110				
	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(criter notote of injury in roll 1 of a	TOTE II OT HEITI ID.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year Hour o.m.		CE OF INJURY (Home, form, 20f ory, street, office bldg., etc.)	(City or town)	ounty) (Stote)				
	p.m. 19	ot work ot work	ory, shoot, orneo stage, ore.,						
i	21. 1 certify that (I) (this hospital)	attended the deceased from_	10-26, 1966	, ta 10 2 7, 19	that (I) (we) la				
	saw the deceased alive an 10	7 7 19 Chand that	t death accurred at 4A.	_M, from causes and on t	the date stated abov				
22b. DATE SIGNATURE									
M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DI 112-30 - GE									
l	22c. PHYSICIAN'S		22d. ADDRESS	211					
	NAME (Type) WI/6GY /-	-//is	52/1361	KEX, No.					
-	BURIAL, CREMATION, 23b. DATE THEREOF,	23c. NAME OF CEMETERY OR	CREMATORY 1 23d	LOCATION (City or Town)	(County) (Stote)				
-	REMOVAL (Specify)	10 7-1	Note Cen	Turki	MA				
3 /	PONEDAL PIRECTOR	ADDRESS	2So. REC'D BY REGI	STRAR 2Sb. REGISTRAR'S	GNATURE				
14	WHEN THE THE TOP AND I	131/5/1/2 NO	DATE NOV 2		melly Judge				
4	No Property of the second	WIY OVING I I'I	I DATE STUTY (, INDIA					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then plage remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Poge 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

148	62	CERTIFICAT	E OF DEATH		14864
1. PLACE OF DEATH O. COUNTY WICOM		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institu b. COU	ution: Residence befare admission)
b. CITY OR TOWN	l (If autside carparote limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	1	tside carparate limits, write RU	JRAL and give negrest town)
	PITAL OR INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS	y vice	e. IS RESIDENCE ON A FARM?
Penin	sula General	Hospital		ARCH COL	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print)	GROVE		EVANS	DEATH Octobe	R 19 1966
s. SEX MALE	1 1 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 73 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPAT during most of worki	ON (Give kind of work done no life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	1	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	STATE HINDPANNI	-	14. MOTHER'S MAIDEN N	VARE	USA.
13. PATHER 3 NAME	The and t	15	14. MOTHER'S MAIDEN P	1 4 au F	2
IS WAS DECEASED	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	LYNCH EV	MAN S
	(If yes give war or dates af servi		TNNA M.	EVANS, SEZ	BYVILLE, DER.
Conditions, if orise to immed stating the unlast.	derlying couse DUE 10 (c)	Cerebal an	Stickes Verios el	ini.	INTERVAL BETWEEN ONSET AND DEATH
NO PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	OITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 1B.)	
문 Hour	NJURY Manth, Day, Year a.m. p.m. 19		CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(Caunty) (State)
	tify that (1) (this hospitol) deceased olive ar	attended the deceased fram_	t death occurred of	9 <u>60</u> , to <u>10°1</u> 6 ¹³ / A M, from causes	and an the date stoted abov
22o. SIGNATUI	RE	M	D. ATTENDING D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIA NAME (Ty			22d. ADDRESS		
23a. BURIAL, CREMA REMOVAL (Spec		23c. NAME OF CEMETERY OR ST. GEORGE	- 1	23d. LOCATION (City or TO	X
24. FUNERAL DIREC	rugar Melson,	Frankford, A	DATE C	BY REGISTRAR 256. R	EGISTRADOS SIGNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

Carr 13661 to inco H Sallsamev Ladloach Langel Civer se-

La Libration of

		14863 CERTIFICATE	E OF DEATH	14865
s after death the funeral ages. 1 and rs after death		PLACE OF DEATH D. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution o. STATE Maryland b. COUN	
rs afte y the f Pages urs afte		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR Snow Hill	AL ond give neorest town)
n 24 haurs of lilled in by the papers. Pagain 72 haurs		Salisbury H. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Beer's Head State Hospital, Salisbury, Md	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3.	NAME OF DECEASED To han First Middle Property of The Property	Lost 4. DATE Month OF DEATH	Doy Year
e executed withing and campletely fremave carban any event, with	5.		B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 16/1902 64 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min
	duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill	11. BIRTHPLACE (County & State, or foreign Country) Woreester, Hary Janu	12. CITIZEN OF WHAT COUNTRY?
1 4 5 5		FATHER'S NAME ADMES F. T. Simmons WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME Lagra Arneld INFORMANT Addres	
at the death cer the attending parist permit. The matian, ar rema		s, no or unknown) (If yes give wor or dotes of service) 220 09 1262 Hrs		now Hill Hd.
that the dear an. by the attenc transit permit crematian, ar		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	in Carcinone	ONSET AND DEATH
equires physici signed burial- burial,		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse		
The law ratending has been se as the th prior ta	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
pital ar rifficate id far u af Heali	CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)	YES MO [
G PH) the hard this detacted te Dep	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
retained by the ECTOR: After the State with the State		21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive on	Sept 26, 1966, ta 177, 7 at death occurred at SPM, from causes of	
OR be r DIRE		220. SIGNATURE 22c. PHYSICIAN'S M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 10/8/66
ro Hospital OR Page 4 may be in Formeral Dirik director, page 3 shauld be filed v	230	NAME (Type) RIDIAL CREMATION 235 DATE THEREOF 237 NAME OF CEMETERY OF		vn) (County) (Stote)
TO HOS	1	REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) ADDRESS ADDRESS		
VR A15 (4)		2 9/1/ . 6 1/1/11	DATE OCT 1 1 1966	

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1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14864 CERTIFICATE OF DEATH

1 30 C. U 33	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Wicomico MARYLAND	Maruland Wicomico
b. CITY DR TDWN (if outside corporate limits, c. LENGTH GF STAY IN 1b write RURAL, and give, nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SALISBURU	SALISHURY 221
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
Wicomico NURSing Home	309 Ropper Hill, AVE YES NOW
3. NAME DF First / Middle	Last 4. DATE Month Day Year
(Type or print) MAR/ING	DEATH /C /8 19 C
/. MARKIED WEVER WARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female N WIDOWED DIVORCED	7-1-188> 8/ yrs.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
Domestic	Wicomico U.S.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Inkhown	291116 19502
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
(%)	arles GAR 1827W3rd, Claster Ha,
18. CAUSE DF DEATH [Enter only one cause per line for (2) (b), and (c)/1	INTERVAL DETWEEN ONSEL AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	invoses Teles
332 X DUE TO 10 1	6.00 10.1
Conditions, If any, which	of flu fellions (09).
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
PART II. OTHER SIGNATION CONDITIONS CONTRIBUTING TO GEATH DUTINOT RELA DELLA COLLEGIA FULLING 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VES NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE 20e. P	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital pattended the deceased from	0/12 1966 to 10/18 1966 that (I) (we) last
	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Chilly Sterse, M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. DI 10/29/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
PURIGI 10-26-66 GEER ACRES	SAlisbury Ild.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lavilla Bitley Jeroly Att 1 7	DATE NOV 2 1966 Ochanda Onde

VR AI5 (4) 2DM 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

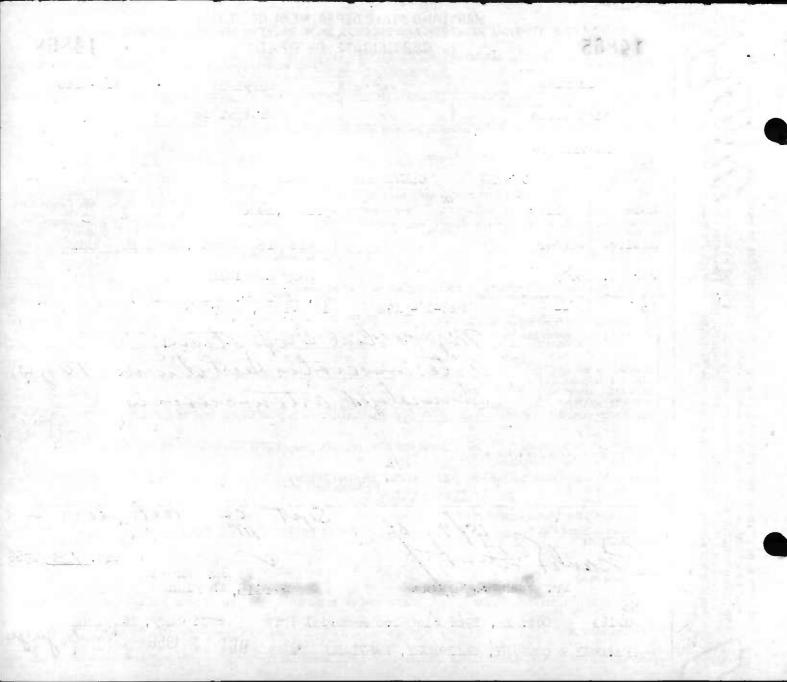
Harris I 37 27 Called Humbers generalized or Deur sollierin pow. Buthof Humber

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14865

Item #8 CERTIFICATE OF DEATH
14868

	1.	a. COUNTY	H.			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
	_		comico		MARYLAND	Ma	ryland	· W:	comic			
			N (if outside corpora and give nearest tow ttsville	te limits, (n)	c. LENGTH OF STAY IN 1b		(If outside corporate ttsville	rate limits, write RUR	AL and give	e nearest town)		
				ON (if not in h	hospital, give street address)	d. STREET ADDRES	SS		1 0.	IS RESIDENCE		
0			village							ON A FARM?		
	3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Month	Day	Year		
		(Type or print)		TIS	CLEVELAND	GORDY	DEATH	October	9	1966		
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1004 9. A	GE (In years IF UNDI	ER 1 YEAR II			
		Male	White	WIDOWED		April 4,1/8	886/	02 yrs. 6	Days	Hours Min.		
	10a	I. USUAL OCCUPAT	ION (Give kind of work	done 10b. H	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or	foreign country) 12.	CITIZEN O	F WHAT		
		Retired :				Wicomic	o County	Maryland	USA			
	13.	FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME	J was J a caspa				
		John T.	Gordy			Mary La	vfield					
	15.	. WAS DECEASED	VER IN U.S. ARMED FO	RCES? 16.	. SOCIAL SECURITY NO. 17.	Mrs. Effie	-	Address				
		No	(11 yes give war or dates o		18-16-5192	Pittsville	. Marvla	y (Wile)				
		18. CAUSE OF	DEATH [Enter only on		line for (a), (b), and (c).1	. 4	1			VAL BETWEEN		
		PART I. DE	ATH WAS CAUSED BY		mocartin	l she	sotia		ONSE	T AND DEATH		
В		4201	DUE		12	1.1	. I co	0				
		Conditions, If		00/1/2	lerivace	cotes 1	Least a	Pisease	110	Jass.		
		gave rise to cause (a), st	The state of the s	TO A	1 -	2	1	2000	-	1		
		underlying caus	e last.	(c) /e-	neralized	arles	wall	wais				
0	NOI	PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 10							a) 19. WAS AUTOPSY PERFORMED?		
1	CERTIFICATION								YES			
	RT	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMII	TH 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in Part	I or Part II of item 1	8.)			
					N/A							
	MEDICAL	20c. TIME OF I	NJURY Month, Day,		factor	E OF INJURY (Home, y, street, office bldg.,		y or town) (C	ounty)	(State)		
	MEC	p.r		While at work	MOT MULIE			0				
2		21. I certif	y that (1) (this hosp	ital) attend	led the deceased from	Sent.	1962 to	Certi, 19	66, that	t (I) (we) last		
			eased alive on	1,0/	9 19 6 6, and that	death occurred at	M, from					
		22a. SIGNATUR	E OCO	1.	V	ATTENDING -	MED		DATE SICH	IED		
		The	ens) A	Ken	M.D.	PHYS.	DIRECTOR .	PHYS. UC	t. 1:	3/1966		
,	7	22c PHYSHOAA NAME (Ty	pe)	1- TO O	//	22d. ADDRESS	#5 Bay S					
	1		Dr. Fran		artz	Ber]						
	23a.	REMOVAL (Spe	ATION, 23b. DATE 1	HEREOF	23c. NAME OF CEMETERY			TION (City, town or c		(State)		
1	24	Burial FUNERAL DIRE	CTOR Oct. 1	2. 196	A Wicomico Memo	rial Park	Sali	sbury, Mary	land	11075		
2	2-7.			TATE OF A T		25a. K	OCT 17	AR 256 REGISTA	ione	Judge		
-		HOLLOW	AY & COMPAN	Y, Sal	ISBURY, MARYLAN	DATE DATE	001 11			V V		

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14866	CERTIFICATE	OF DEATH	14869				
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed live	ed, if institution: Residence before odmission)				
	· COUNTY Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY Wicomico				
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim					
	write RURAL and give neorest town) Salisbury		Salisbury	22 . 1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	nospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Peninsula General	l Hospital	227 Broad Str					
3.	NAME OF DECEASED (Type or print) Mildred	Middle BLOXOM	Lost 4. DATE OF DEATH ()	Month Doy Year to be 13 1966				
S.			B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Female White W	IDOWED DIVORCED	March 12,1898	birthdoy) Months Days Hours Min.				
dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Actired—seamstress	10b. KIND OF BUSINESS OR INDUSTRY Shirt Factory	11. BIRTHPLACE (County & Stote, or foreign of Salisbury, Maryla	ountry) 12. CITIZEN OF WHAT COUNTRY?				
	FATHER'S NAME	Dilli o Lagooly	14. MOTHER'S MAIDEN NAME	ild OLDE				
1	Warren Hudson Jackson		Margaret Elizabet	h Emma Phillips				
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) ———	16. SOCIAL SECURITY NO. 17. II 214-10-7200A	NEODMANT	e(Son) Salisbury, Maryland				
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UNIT O Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause Column Column Column	r line for (0), (b), and (c).	broncho prien	interval Between Onser and Death				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (N/A	Enter noture of injury in Port I or Port II of	item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.		ory, street, office bldg., etc.)	or town) (County) (Stote)				
	21. I certify that (I) (this-hespital) attended the deceased from 1/46, that (I) (we) last saw the deceased alive an 10/12 1966, and that death accurred at 1970, from causes and on the date stated above.							
	220. SIGNATURE M.D. ATTENDING MED. STAFF Oct. 13/1966							
	22c. PHYSICIAN'S NAME (Type) Dr. George I		22d. ADORESS Falislery	Md				
230	o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		(City or Town) (County) (Stote)				
_	Burial Oct. 15	1966 McKendra Ceme		esdale, Maryland				
	4. FUNERAL DIRECTOR HOLLOWAY & COMPANY, S.	ALISBURY, MARYLAND	DATE OCT 14 1	256. REGISTRAP'S SIGNATURE 956 Charles Judge				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please immove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

* Macanico Lautgaul inverse strantme10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Usen please remove carban papers. Pages I and Shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after depth

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	Division of STATISTICAL	RESEARCH AND RECORDS, 30			YLAND 21201
	14867		OF DEATH		14870
1.	PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	o. STATE	land b. co	tution: Residence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	Bu	side carporate limits, write I	RURAL ond give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula General		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Theodore	S Middle Ha	dder Se	OF DEATH OCTO	ber 16 19 66
S.	Tale white w	DOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Mir
dur	. USUAL OCCUPATION (Give kind of wark dane ing most of warking life, even if retired)	SELE FMP	BERL	State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
) FR	14. MOTHER'S MAIDEN N	WIDGE	
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknawn) (If yes give war ar dates af serv	(e) NO NO	NFORMANT CS BERTHI	BRITTING	HAM BERLINK
	18. CAUSE OF DEATH (Enter anly one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).) Cardiac Arr	ext		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if any, which gave hise to immediate couse (o), stating the underlying cause DUE TO DUE TO				
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION		days, history.	herving he		PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m.		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)

22a. SIGNATURE

certify that (1) (this hospital) attended the deceased from sow the deceosed olive on

19 66, to 19 (. 6, and that death occurred of 3:55 M, from couses and on the date stated above

ATTENDING PHYS.

22d. ADDRESS

M.D.

2Sb.

22b. DATE SIGNED STAFF PHYS. 0

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, PREMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR-CREMATORY

23d.

MED. DIRECTOR

LOCATION (City or Town) (County)

(State) REGISTRAR'S SIGNATURE

19_66, that (1)

(we) lost

VR A15 (4) 20 M 1/66

ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

DATE OC

18847

11:201

Tamal Lak

Lastiquob istentel nimetical

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending onystcan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth.

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14868	CERTIFICAT	TE OF DEATH		14871					
	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission							
		Wicomico	MARYLAND	a. STATE MARY L	AND b. COUNT	Wicomico					
		b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	carparate limits, write RUR	AL and give nearest tawn)					
		write RURAL and give neorest tawn) Salisbury		SALIS BURY	(Ru	RAL) 221					
Λ	(d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	aspital, give street address)	d. STREET ADDRESS	1 0	e. IS RESIDENCE ON A FARM?					
7		Peninsula General	Hospital	Doute 4, Co	CAN CITY 1	Odd. YES NO					
		NAME OF First	Middle	Last 4.	DATE Month						
	- 1	(Type or print) JOHN	HENRY H		DEATH WOODE						
	S. :	20 0	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Haurs Min.					
	11	IARC WIII	DOWED DIVORCED DIVORCED	Nov. 21,18'		12. CITIZEN OF WHAT					
	duri	. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY SWITT & CO.	11. BIRTHPLACE (County & Sta	re, ar tareign country)	COUNTRY?					
	_	FATHER'S NAME	Swift & Co.	England 14. MOTHER'S MAIDEN NAME		USA					
	13.	Ünknown		Unknown							
Н	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Addres	s A					
8	(Ye	s, no, ar unknawn) (If yes give war or dotes af service)	te)	Mr. Dick Hard	dy Felton	n, Delware					
		18. CAUSE OF DEATH (Enter anly one cause per				INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) I Waterlan Schulles 2° T setens letter 600 - ONSET, AND DEATH									
-	И	Canditions, if ony, which gave) (b) RELIGIAN LETTES - SURCERY 5720 / WEST									
		Canditions, if ony, which gave (b) KEGIONAN /LETTIS - SURBERY 5720									
		stoting the underlying cause DUE 10	***								
		lost. (c)									
5	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
	ICA	OA ACCIDENT WAS IMPERIATION FOR	AND DESCRIPT HOW INHIBY OCCUPATION	/	l D-+ 11 -6 i 10 i	YES NO					
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part i	or Part II at Item 18.)						
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year		LACE OF INJURY (Hame, farm,	20f. (City or tawn)	(County) (State)					
	MEC	Haur a.m. p.m. 19	While Nat While of wark of wark	actory, street, affice bldg., etc.)							
		21. I certify that (1) (this haspital)	attended the deceased from.	10-14,196	6-, to 10-3	50, 1966, that (1) (we) las					
		saw the deceosed alive on 10-30 19 66, and that death occurred at 753 M, from couses and an the date stated abave									
ij	M	22a. SIGNATURE	1	ATTENDING MED		22b. DATE SIGNED 10-35-66					
		22c. PHYSICIAN'S	Jan J	M.D. PHYS. DIRE	CTOR L PHYS. L	10-20 66					
		NAME (Type) NEVINS W	1. Toss SR.	MEDIEAL	CENTER &	PALISBURY MD					
	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Tow	n) (Caunty) (State)					
1			.966 Wicomico N	Mem. Park	Salisbury,	Maryland					
1	24	POWERAL DIRECTOR Jewella	ADDRESS ADDRESS	2Sa. REC'D BY		ISTRAR'S SIGNATURE					
	T	homas F. Wallace	Salisbury, N	DATE NO	IV 3 1966	Minutes Judge.					

15841 794 . 7 (4.00 P) www.folieb istigaci lencese situinel THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14809	CERTIFICATI	E OF DEATH		11000
PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (W	/here deceased lived, if institutio	n: Residence befare admission)
Wicomico	MARYLAND	Maryland	Some	rset
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside carparate limits, write RURA	L and give nearest tawn)
write RURAL and give nearest tawn) Salisbury		Princess	Anne	19.9.
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ispital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula General	Hospital			YES NO S
3. NAME OF First	Middle .	Last	4. DATE , Month	Day Year
(Type or print) Baby Boy	1-1,	24/1/2/2	OF DEATH ACTOB	er 31 19 66
	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
make Colored WII	DOWED DIVORCED	10/30/66	last birthday) yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		State, ar fareign country)	12. CITIZEN OF WHAT
during most of warking life, even if retired) None	INDUSTRY			COUNTRY?
13. FATHER'S NAME	None	14. MOTHER'S MAIDEN N	yMaryland	L U S A
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Maeola Ha	ayward Address	
(Yes, na, ar unknawn) (If yes give war ar dates af service	e)		Address	
		illie May	Ward Princes	
 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 	line far (a), (b), and (c).)	.4		INTÉRVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Immater	The state of the s		ONSET AND DEATH
7625 DUE TO	0 + 0 +			
Canditians, if any, which gave isset a immediate cause (a), (b)	allectos	is	The Liebblandel	
stating the underlying cause DUE TO	0 -	+	,	
last. (c)	Premater	- 1	100 gms	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CLOSUSE OF DEATH OF CHIEF THERE NOTIFY MEDICAL SYMMINED				YES NO
E 20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)
Haur a.m.	While at work at work at work	tary, street, affice bldg., etc.)		
21. I certify that (I) (this haspital)		do+ 20 10	suce to ont 3	1, 19 6 6 that (I) (we) la
	0/31 1966 and the	it death accurred at	M from couses or	nd an the date stated abay
22a. SIGNATURE	17	de de la companya de	III, Hall casses at	22b. DATE SIGNED /
(1):00: C Y	Marcien M.		MED. DIRECTOR D STAFF PHYS.	11/2/6/
22c. PHYSICIAN'S	133001	22d. ADDRESS	ARCCION D TIII). D	10/2/108
NAME (Type)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town) (Caunty) (State)
Burial II/I/66		CAMINITURE 1		
24. FUNERAL DIRECTOR	ADDRESS	250 RFC'D	Oakville Ma	STRAR'S SIGNATURE
m 3/1 0	· // m/	,	NOV 3 1966	Miorley Judge
villa A sames Unes	rees lasse olla	DATE	101	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haufs offer Reath TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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A TOTAL OF STANDS OF SEC. STANDS

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

1487	0	CERTIFI	ICATE	OF DEATH		14873		
1. PLACE OF DEATH o. COUNTY Wil	comico	MARYL		2. USUAL RESIDENCE (WHO o. STATE Maryl		ion: Residence before odmission) NTY Dorchester		
b. CITY OR TOWN (I write RURAL and Salisb	f outside corporote limits, give neorest town)	c. LENGTH OF STAY IN	s	Winga	ide corporote limits, write RUF te	09.2		
	AL OR INSTITUTION (If not in h			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Deer's	Head State H	OSDITAL Middle		1 Lost	4. DATE Mont	h Doy Year		
DECEASED (Type or print)	William	н.		oliday	OF DEATH October	10 19 66		
S. SEX Male		MARRIED NEVER MARRIED IDOWED DIVORCED	ROTAL STATE	DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.		
	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & Bloodswor	Stote, or foreign country) th Island	12. CITIZEN OF WHAT COUNTRY?		
	E. Holliday				Bloodswor			
(Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv ATH (Enter only one couse pe			ormani orge W. Ho	Addre	ngate Md.		
Conditions, if ony, rise to immediate stoting the under last. PART II. OTHER SIG	e couse (o), lying couse DUE TO	Strian BUTING TO DEATH BUT NOT RELA		LEVATURE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURRED. (Er	nter noture of injury in Po	ort I or Port II of item 18.)	YES NO		
20x. TIME OF INJU-	IRY Month, Day, Yeor	20d. INJURY OCCURRED While Not While of work		OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County) (Stote)		
	21. I certify that (I) (this hospital) attended the deceased fram 7/8 , 1966, ta 10/10, 1966, that (I) (we) last saw the deceased alive on 10/10 1966, and that death accurred at 8:35 PM, from causes and on the date stoted abave.							
220. SHOMATURE	M.D. PHYS. MED. MED. STAFF PHYS. DIRECTOR PHYS. 10/10/66							
NAME (Type)	DI . v. O. III					ital, Salisbury, M		
230. BURIAL, CREMATIC	1 1	23c. NAME OF CEMEN			23d. LOCATION (City or To			
24. FUNERAL DIRECTO		ADDRESS Cambridge M			BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral on please remave carban papers. Pages 1 and oval, and in any event, within 72 haurs after deg **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. In should be filed with the State Dept. af Health priar to burial, cremation, ar refer Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

14873 The sale was been a state of August II Januar Barrellin in January in the Control of the Contro Theat's dank broke acquired data PM3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

KAL EXAMINER:

TO DEPUTY ME

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Health or its designated agent, prior to burial, cremation, or removal.

any delay is

e pages 1 and 2 with the State Department of

in ony event within 72 hours after death.

pc

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF	DEAT	Н	1	48	7	4

1487	1	WEDIC	AL EXAMIN	AFK 2	CERTIFICATE U			13	184	4	
o. COUNTY	Wicomico		MARY	YLAND	2. USUAL RESIDENCE (Vo. STATE	rland	b. COU	NTY Som	erse	et.	on)
write RURAL o	(If outside corporate limit nd give neorest town)	5, 0	LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou	tside corporot	e limits, write RU	RAL ond giv	re neores	st town)	2
	ITAL OR INSTITUTION (If no General Ho	,	street oddress)		d. STREET ADDRESS					e. IS RESI ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	H	lughe s	4. DATE OF DEATH	10 - 2		Doy	19	
S. SEX	6. COLOR OR RACE C	7. MARRIED WIDOWED	NEVER MARRIET DIVORCET		B. DATE OF BIRTH July 9, 19	16	AGE (In yeors loss thdoy) yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS Min.
during most of working	ON (Give kind of work done g life, even if retired)	_ INDUS	of Business or STRY ney and	Co.	11. BIRTHPLACE (State Maryla	nd	untry)		TIZEN OF DUNTRY?		
13. FATHER'S NAME		lie Hug	hes		14. MOTHER'S MAIDEN ! Aleaner		es				
1S. WAS DECEASED E (Yes, no, or unknown NO	/ER IN U.S. ARMED FORCES?) (If yes give wor or dotes o	of service)	ial security no.		nformant Beatrice J	ones,	Deal		nd,	Md.	
1B. CAUSE OF PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Coron	, (b), ond (c).)	usion	1					erval bet	
Conditions, if or rise to immedia stoting the und		(b) Arter	io-scler	otic	heart disea	.SO			Ye	ears	
PART II. OTHER	SIGNIFICANT CONDITIONS C			ATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)			WAS AUTO PERFORM	IED?
CALISE OF DEATH	AUSE WAS ONTRIBUTING	Mellitu 20b. DESCR		CCURRED.	Enter noture of injury in	Port I or Port	II of item 1B.)			ES	NO V
Hour o	JURY Month, Doy, Yeor m. 19	2Dd. INJUI While of work	RY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Co	unty)	((Stote)
death resu	Enl	ol couses ,	Accident		ide, Homicide	EXAMINER	determined m			in my	
230. BURIAL, CREMA REMOVAL (Speci DUTIAL) 24. EUNERAL DIRECT	fy) 10/28	ve Sal	23c. NAME OF CEMI John We		Address (Street CREMATORY Cemetery	, city, town, c	ATION (City or To	wn)	(County)) (S	itote)
Lerry	Webster	Pr	incess .	Anne	, Md. DATE	OCT 2	1 1000	mli		0	

DATE

VR A15ME (5) 6M 1/66

79

ST-18

FOR STAT HEALTH DEPT. in tem 18. Give Pages 1, 2, and 3 to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designoted agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter deoth. any delay is

This certificate shauld be executed within 24 hours after deoth. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's O necessory, please execute the certificate, writing the word "pending" in pencil

MARYLAND STATE DEPARTMENT OF HEALTH

	16272)				CERTIFICATE C			14	875	
	COUNTY Wi.	comico		MA	RYLAND	2. USUAL RESIDENCE (a. STATE Mary:		lived, if institu b. COU	INTY wicomi		on)
b. (write RURAL one	If outside corporote limit give neorest town) i.sbury	5,	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If or Sali:	utside corporote sbury	limits, write RU	JRAL and give neo	rest town)	1
d. N		AL OR INSTITUTION (If no insula Gene			O.A.	d. STREET ADDRESS	Kay Aver	nue		e. IS RESI ON A F	DENCE FARM? NO [K]
DEC	IME OF CEASED pe or print)	Fi	rst	Middle RUTH		Lost HUMPHREY	4. DATE OF DEATH	Mon		'	ear
S. SEX		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI	IED 🔲	B. DATE OF BIRTH March 10,1	9. A	GE (In years pst birthdoy)	IF UNDER 1 YEAR Months Doys	IF UNDER	
during		I (Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY	e	11. BIRTHPLACE (Stote Towa 14. MOTHER'S MAIDEN	or foreign coun		12. CITIZEN COUNTR' USA	OF WHAT	
15. W	no, or unknown)	mes Ear R IN U.S. ARMED FORCES? (If yes give war or dates of	L i 1	SOCIAL SECURITY NO. 04-12-868	0 1	(Unk.) G NFORMANT Mr. Russell 206 Kay Ave	W. Hum	hrey (Husband)		
Co ris sto	PART I. DEAT 2 41 X conditions, if ony, se to immediat coting the under	e couse (o), rlying couse	(o)	norch		(andt	-			NTERVAL BET	DEATH
FICATION	ART II. OTHER SI	-				THE TERMINAL DISEASE (OI		, ,	ation .	9. WAS AUTO PERFORM YES	NO DE
DICAL CERT	RIMARY 🗍 or COI AUSE OF DEATH.	Month, Doy, Year		JURY OCCURRED Not While	2De. PLAC	E OF INJURY (Home, formory, street, office bldg., etc.	n, 2Df. (C	ity or town)	(County)	((Stote)
A(S)	21. I certify deoth result ictual ignature XAMINER'S	y that I took charge red from Noture	e of the rem	noins described], Suici	de, Homicide CHIEF MEDICAL	EXAMINER DICAL EXAMINER	etermined m		22. DATE	
B	BURIAL, CREMATIC REMOVAL (Specify	OCT.		23c. NAME OF CEI 6Toledo IV	METERY OR (REMATORY al Park	23d. LOCAT	ION (City or To	Ohio		itote)
1	UNERAL DIRECTO	R & COMPANY	, S.LIS	ADDRESS SBURY, MAP	YLAND	2So. REC'I	BY REGISTRAR T 18 18	66 25b. RI	EGISTRAR'S SIGNAT	Judge	

VR A15ME (5) 6M 1/66

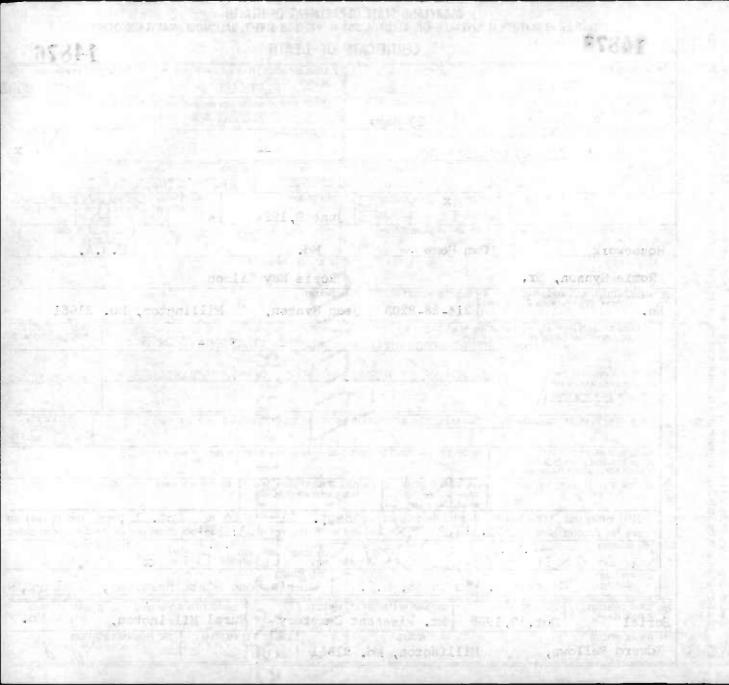
5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14878	CERTIFICATE	OF DEATH		14876			
1.	PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	o. STATE MARY	here deceased lived, if institution: Resident b. COUNTY	QUEEN ANN			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY	c. LENGTH OF STAY IN 16	CHES	side corporate limits, write RURAL and give STERTOWN	17.2			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in DEER'S HEAD STAT		d. STREET AODRESS		e. IS RESIDENCE ON A FARM? YES NO 🔼			
3.	NAME OF First OECEASED (Type or print) VIOLETT	Middle	Lost UTCHINS	4. DATE Month OF DEATH OCTOBER	Doy Year 14 19 66			
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIEO DIVORCED DIVORCED	B. DATE OF BIRTH June 9,1924	9. AGE (In years IF UNDER lost birthdoy) 42 yrs.				
du	ra. USUAL OCCUPATION (Give kind of work done rring most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (County &	U.S	IZEN OF WHAT UNTRY?			
	Romie Hynson, Sr.		14. MOTHER'S MAIDEN NA Rosie May K					
1S (Y	was DECEASEO EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give wor or dotes af se	16. SOCIAL SECURITY NO. 17. I 214-28-8203 Je	ean Hynson,	Address Millington, Md.	21651			
	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (o).	per line far (a), (b), and (c).) ACUTE MYOCARDIAL FA	AILURE - DU	RATION* 7 DAYS	INTERVAL BETWEEN ONSET AND OEATH			
	Canditians, if ony, which gove isse to immediate couse (a), stating the underlying couse (b).	CARCINOMA OF UTERUS	WITH EXTENS	SIVE METASTASES	ONE YEAR			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFICATION		205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 1B.}				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	20f. (City ar town) (Cou	inty) (State)			
	say, the deceased alive an QC	21. I certify that (I) (this haspital) attended the deceased from Sept. 21 , 19 66, ta Oct. 14, 1966, that (I) (we) last say, the deceased alive an Oct. 14, 1966 and that death accurred at 3:150, from causes and an the date stated above						
	Colles Hie	mediation	D. PHYS.	MED: STAFF DIRECTOR PHYS. DO 22b. 0/	TE SIGNEO 5/17/66			
L	22c. PHYSICIAN'S NAME (Type) Charles H	. Winnacott, M.D.	Deer's He	ead State Hospital,	Salisbury, M			
В	o. BURIAL CREMATION, 23b. DATE THERECONSTRUCTION OCt.19,1	966 Mt. Pleasant	Cemetery	Rural Millington,	(County) (Stote) Md.			
	24. FUNERAL DIRECTOR Edward Fellows,	ADORESS Millington, Md. 2		BY REGISTRAR 2Sb. REGISTRAR'S SI	CHATURE Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit pertnit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



FOR STATEM HEALTH DEPT.

PM3. Page y delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page File pages 1 and 2 with the State Department of and months of any any event within 79 hours of This certificate shauld be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Health ar its designated agent, priar ta burial, crematian, ar remaval, 5 may be retained for yaur files.

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14874	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14877
1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE Maryland b. COUNTY Wo	ence befare odmission)/ orcester
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Sallsbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and gi Berlin	23.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in Peninsula Gene		d. STREET ADDRESS Route 2	e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF First DECEASED (Type or print)	Middle HENRY	JARVIS 4. DATE OF DEATH Month 10-17	- 17
	VIDOWED DIVORCED	3. DATE OF BIRTH 14-7-1895 9. AGE (In years less birthday) 71 yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) 12. C 14. MØTHER'S MAIDEN NAME	OUNTRY?
THU MAS HAR R 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of ser	vice)	PURCELLA MELVIN NFORMANT Address RS, Z. H JARVIS BERLINI	MD RFD
IB. CAUSE OF DEATH (Enter only one cause property of the part of t	Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO T ry with resection o	the terminal disease condition given in Part 1(0) f small bowel.	19. WAS AUTOPSY PERFORMED? YES X NO
Torn mesenter 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year Hourson 9-211-66	Was driving tr	(Enter nature of injury in Part I or Part II of item IB.) actor and hit tree. TO FINJURY (Hame, farm, yestreet, affice bldg., etc.) Farm (Co	aunty) (State)
21. I certify that I taak charge of	the remains described abave, he uses , Accident , Suic	Id an Autapsy X, Inspectian X, Inquiry X, ide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	
236. BURIAL CREMATION, REMOVAL Specify 23b. DATE THEREO 24. FUNERAL DIRECTOR Durbage Funeral Home	66 SYNEPUKE	NT CHURCH MARD BERLIN MI 250. RECD BY REGISTRAR 256. REGISTRAR'S	(County) (State) O E M D SIGNATURE Pley Judge

Jan hay

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/070

. ~		14875	CERTIFICATE	OF DEATH	14010
executed within 24 haurs after death to campletely filled in by the funeral emave carban papers. Pages 3-and any event, within 72 haurs after death) .	PLACE OF DEATH a. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased in a STATE MARYTAND	ived, if institution: Residence befare admission) b. COUNTY WTCOMTCO
afte aft		b. CITY OR TOWN (If autside carparate lim	its, C. LENGTH OF STAY IN 1b		mits, write RURAL and give nearest tawn)
haurs on by the s. Pag		write RURAL and give negrest town)	yrs.	SALISBURY	22.1
ha ha in the strs. 2 hc		d. NAME OF HOSPITAL OR INSTITUTION (If	nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
hin 24 ha filled in 1 n papers. Ithin 72 ha	05	211 GLEN AVE.		211 GLEN AVE	YES NO X
thin y fill within within	3.		First Middle	Last 4. DATE	Manth Day Year
icate be executed within 2 scian and campletely filler please remave carban part, and in any event, within		DECEASED (Type or print)	GERMAN	JOHNSON OF DEATH	OCTOBER 27. 1966
mpl mpl ve co	S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED		SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. st birthday) Manths Days Haurs Min.
y ca may		FEMALE WHITE	WIDOWED X DIVORCED	SEPT. 21. 1887 8	
cian and ce		a. USUAL OCCUPATION (Give kind of work dan	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign	country) 12. CITIZEN OF WHAT COUNTRY?
igas asse r and in	du	ring mast of working life, even if retired) HOUSE WIFE	OWN HOME	MARYLAND	U-S-A-
ny see	13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
th certifi ding phy . Then remava		WILLIAM GER	RMAN	MARY ROUNDS	
ding t. Trer		. WAS DECEASED EVER IN U.S. ARMED FORCES es, na, ar unknown) (If yes give war ar dates		NFORMANT	Address
ne death certific attending phys permit. Then p ian, ar remaval,	1,	NO *****		RS. NORMAN TAYLOR	SEE #2
requires that the death certificate physician. I signed by the attending physici burial-transit permit. Then plect burial, crematian, ar remaval, a		1B. CAUSE OF DEATH (Enter only one co	ause per line far (a), (b), and (c).)	2 0 .	INTERVAL BETWEEN ONSET AND DEATH
quires that the physician. Signed by the burial-transit burial, cremati		IMMEDIATE CAUS	E (a) Urteria pobsahi (d	ardio Ensendar a	Usease Gears
quires the physician. signed by surial-trai		1 ~ ~ 1	E TO		0
equires physici signed burial-t		Canditians, if any, which gave nise to immediate cause (a),	(b)		
rec on s on s on s on s on s on s on s on s		stating the underlying cause	E TO		
e law r tending ss been as the priarta		last.	(c)	THE TERMINAL DISEASE COMPUTION OF THE IN	DADY 1/) 10 WAS AUTODSY
문학 학교 수	NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
IAN: The oil or afficate ha far use far use Health i	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	30P DESCRIBE HOW INHIBA OCCHEDED	(Enter nature of injury in Part I or Part II o	YES NO
haspital certifical ched fa	ERT	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRED.	cine nature at injury in rail I at rail it c	n nem 15.)
HYSIC haspit certi iched spt. at		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (Ci	ty or tawn) (Caunty) (State)
C PH) the hor this detact te Dep	MEDICAL	Haur a.m.	While Nat While facto	ary, street, affice bldg., etc.)	
by there be Stat		p.111.	spital) attended the deceased fram	1964 19 ta	26672, 19, that (I) (we) las
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far us ith the State Dept. at Healt		saw the deceased alive sa_	19. 26-66 19, and that	t death accurred at6:30AM, fr	am causes and an the date stated abave
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22a. SIGNATURE	0	ATTENDANCE MED	22b. DATE SIGNED
be reto DIRECTOR DIRE		But he	revery, m		STAFF PHYS.
ral Or nay be al DIR page e filed		22c. PHISICIAN'S NAME (Type) LEE I. I	AL DO	22d. ADDRESS	
TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC directar, page 3 shauld be filed w					., SALISBURY, MD.
Page 4 m Page 4 m FUNER, directar, shauld b	23	a. BURIAL, CREMATION, 23b. DATE TI			ON (City ar Tawn) (Caunty) (State)
5 5 5 5 5	0				ISBURY MARYLANB
VR A15 (4) 6	2	4. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR	25b. RÉGISTRAR'S SIGNATURE
20 M 1/66		would the	SALISBURY, MARYLAN	D DATE OCT 3 1	1966 feliarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14876	CERTIFICATE	OF DEATH		14879
	PLACE OF DEATH		2. USUAL RESIDENCE (Where do	eceased lived, if institution: Resi b. COUNTY	dence befare admission)
	d. COUNTY Wicomico	MARYLAND	Maryland	D. COUNIT	comico
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside car	parate limits, write RURAL and	give nearest town)
	write RURAL and give nearest tawn) Salisbury	Oct.4,1966	Salisbur		22.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET AOORESS	<u> </u>	e. IS RESIDENCE
	Peninsula General		R.D.#3, Baysing	er Trailer Con	ON A FARM?
3.	NAME OF First	Middle			
٥.	DECEASED		1 11 OF	011	Day Year
-	(Type or print) HOWARD			ATH October	9 1966
5.	SEX 6. COLOR OR RACE 7. A		B. DATE OF BIRTH	9. AGE (In years IF UND ligst birthday) Manth	ER I YEAR IF UNDER 24 HRS. S Ogys Haurs Min.
1	hale White w	IDOWED DIVORCED	Nov. 27,1904	61 yrs. 11	12
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote,		CITIZEN OF WHAT
	ing most of working life, even if retired) Retired Taxi Driver	INOUSTRY	Wicomico Cou	nty, Maryland	COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAJOEN NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
T	lanial Pichand Kall		Amanda Drisc	0]]	
20	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NEODMANT	Addrasa	
(Y	was Deceased Ever in U.S. Armed FORCES? s, na, ar unknown) (If yes give war or dates af serv	ice) call ac come	Mrs. Ida E. Kel	ley(Wife)	
1		7-13	R.D.#3, Baysing	er Trailer Ct.	
	1B. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:	thre for (o), (b) and (c),			INTERVAL BETWEEN
	IMMEDIATE CAUSE (g)	grebral 1a	romposes		5 days
	332X DUE TO				
	Canditians, if ony, which gave) (b)				
	rise to immediate cause (o), OUE TO				
	last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL PRISEASE CONDITION	CHYPAN DIS PART 160	19. WAS AUTOPSY
NOI		7	+ //	calite	PERFORMED?
MEDICAL CERTIFICATION	androscer	ones Heart	Questas	On The	YES NO
K	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in Part I ar	Party at Henrice Color	un
0	(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A		100	
DIC	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		CE OF INJURY (Hame, farm, 20 pry, street, affice bldg., etc.)	Of. (City or town)	County) (Stote)
W	p.m. 19	While Not While at wark	ory, street, dringe blug., etc.)	/ /	/.
	21. I certify that (I) (this haspital	1 attended the deceased fram_	1014 1966	to 101 7 1	9 <u>6</u> , that (I) (we) la
	saw the deceased alive on	196 and that	death accurred at 45	M. from causes and an	the date stated abov
	220 SIGNATURE	.111		22b.	OATE SIGNED
H	X Jan & X Dr.	Kun M.C	D. PHYS. DIRECTO	R PHYS.	Oct. 9 /1966
	22c. PHYSICIAN'S	Clark C	22d. ADDRESS	K - 11113 1	7 71700
	NAME (Type) Dr. David J.	C+ 3	Soldaham		
22		Gilmoro		aryland	(6 -1)
230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			LOCATION (City or Tawn)	(Caunty) (State)
	Burial Oct.11,1			Wicomico Cour	ty. Maryland
24	. FUNERAL OIRECTOR	ADDRESS	2Sa. REC'D BY REG	ISTRAK ZSb. REGISTRAR	SIGNATURE
	HOLLOWAY & COMPANY.	SALISBURY, WARYLAN	D DATE OCT	1 1 1966 000	carles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages, I and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLANI
	4877	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	14881

1. PLACE OF DEATH		II O HOUAL DECIDENC	F (1885	('- 1'1 1' P'1-	- b-fore admission)
a. COUNTY		2 CTATE	E (Where deceased lived, I	Olinty	te beinte annission.
Wicomico	MARYLAND	Mar	land b.c	OUNTY	0
b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits	, write RURAL and g	(Ive nearest town)
write RURAL and give nearest town) Salisbury	9/30/66	Sal	isbury	22.	-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Peninsula General Ho	spital	Rt.	#3	- P. STE	YES NO
3. NAME OF First	Middle	Last	4. DATE M	onth Da	y Year
	OLDSBOROUGH	KELLEY	DEATH Octo	ber 2	1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In year	ars IF UNDER 1 YEAR	
Male White WIDOWEO	OIVORCEO 🔀	June 14, 191:	55 yrs	Months Days	Hours Min.
	D OF BUSINESS OR USTRY	11. BIRTHPLACE (Co	unty & State, or foreign cou	mtry) 12. CITIZEN	
Laborer	5511(1	Rural Sa	lisbury. Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIO		0.224	
Carlos G. Kelley		Cora Hamm	nond		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Ad	dress	
(Yes, no, or unkown) (If yes give war or dates of service) 212	2-18-6160		Gravenor (A		7.0
18. CAUSE OF DEATH [Enter only one cause per line	for (a) (b) and (a) 1	100 T. MITT.	iam Street,		ERVAL BETWEEN
			1 111		SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CERE	EBBAL CINAL	a planti culau) Himbrita	19	18 hours
331X OUE TO					
Cenditions, If any, which) (b) The	rali: 1 as	Ferrosiler	sis		
gave rise to immediate OUE TO	8				
cause (a), stating the OUE 10 V underlying cause last.	the same and				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	INPARTI(a) 19.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION HPUTU HUMAN L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Misse 1	sulmoneus	ch.n.		PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU		Injury In Part I or Part		~ _
	N/a				
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJU	JRY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or town) (County)	(State)
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJU Hour a.m. While at work	Not while	ory, street, office bldg., et	c.)		
	_ et work	N. L	14. ML	2 10//	1 -1 (1) (-1 -1 -1
21. I certify that (I) (this hospital) attended			64, to oct		that (I) (we) last
saw the decrased alive on O	19 <i>CPD</i> _, and that	t death occurred at4		ses and on the da	
22a. SIGNATURE / L 7 NAIC		ATTENOING - M	MED. STAFF		3
a out // will	M.C	D. PHYS.	IRECTOR PHYS.	Oct	3 /1966
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Dr. Robert T. Ad	kins	Fruitlan	nd, Maryland		
23a. BURIAL, CREMATION, 23b. OATE THEREOF 12	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county)	(State)
Burial Oct. 4. 1966	Hammond Ce	meterv	Wicomico C	Ounty Man	orlana.
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b.		
HOLLOWAY & COMPANY, SALISE	JURY, MARYLAN	DOATEDC	T 4 1966	geliances	Judge
		[UA153 W	1 1000		

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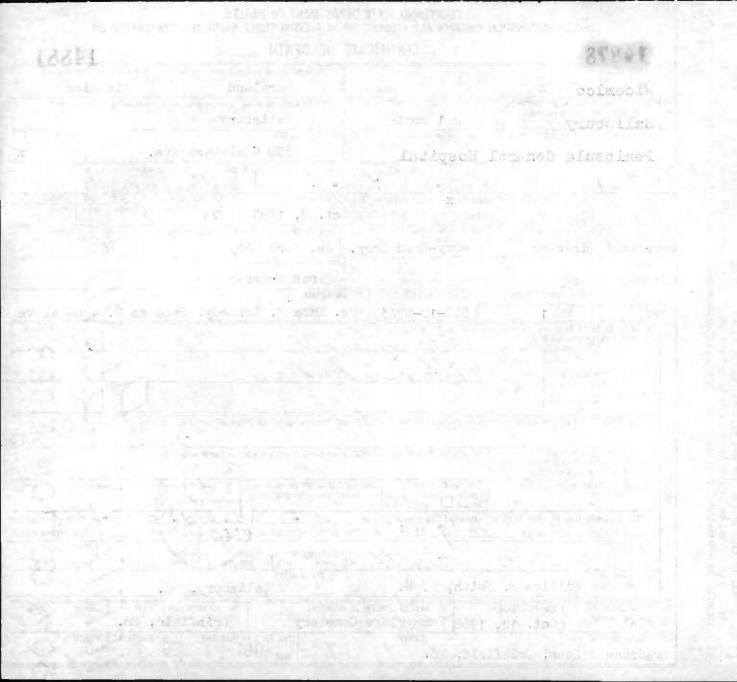
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	14878	CERTIFICATE	OF DEATH		14881		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	nere deceased lived, if institution: Resid	lence before odmission)		
L	o. COUNTY Wicomico	MARYLAND	o. STATE Maryla		comico		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporote limits, write RURAL ond g	give neorest town)		
18	Salisbury	1 month	Salish	bury	22.1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
		Hospital	ll	Alabama Ave.	ON A FARM? YES NO X		
3.	NAME OF DECEASED DATE First	Middle V		4. DATE Month	Doy Year		
	(Type or print) PAIRIC		INEDY	DEATH OCIOBER	7 1966		
S.	SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.		
	III MEE IVIIIIE		Oct. 8, 1893	73 yrs.			
10	o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country) 12.	CITIZEN OF WHAT		
Pe	ring most of working life, even if retired) ersonnel Director	Sperry-Rand Corp.	New York Ci	ity	COUNTRY?		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
13	Chomas Kennedy		Sarah Brenn	nan			
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address			
(Y	es, no, or unknown) If If yes give wor or dotes of service	(a)					
	res WW 1		s. Emma B. Ke	ennedy, Same as 2	. abcd above		
1	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).)			ONSET AND DEATH		
	IMMEDIATE CAUSE (o)	Coronas	y		24/11/20		
	420 / DUE TO 7 1						
	Conditions, if ony, which gove) (b)	Ustaro est	Mosin				
	rise to immediate couse (o), stoting the underlying couse						
-	lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING TO DEATH BUT NOT PELATED TO T	HE TERMINAL DISEASE CONDI	ITION CIVEN IN PART 1/a)	19. WAS AUTOPSY		
No	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BING TO DEATH BUT NOT KEENED TO II	TIE TERMINAL DISEASE CONDI	ITION GIVEN IN PART I(0)	PERFORMED?		
3				none	YES NO V		
CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	rt I or Port II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		E OF INJURY (Home, form,	20f. (City or town) (C	county) (Stote)		
岁	Hour o.m. p.m. 19	While of work of work of work	ory, street, office bldg., etc.)				
	21. I certify that (1) (this hospital)		10/8 .19	96, to 16/4, 19	La Labor UK David Land		
	sow the deceased olive on		death occurred at	M, fram causes ond an	the dote stated obave.		
	220. SIGNATURE	11111	ATTENDING III	STAFF 22b.	DATE SIGNED		
1	11/2/18	M.D. M.D		IRECTOR PHYS.	19/66		
	22c. PHYSICIAN'S		22d. ADDRESS	/	11 -0.		
	NAME (Type) William B. Sr	mith, M. D.	Sal	isbury, Md.			
22	o. BURIAL, CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	DEMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
	DEMOVAL (Chariful)			Crisfield, Md.	(21016)		
	1001 12	.,			CIONATURE		
	4. FUNERAL DIRECTOR	ADDRESS		RY REGISTRAR 256. REGISTRAR'S	SIGNATURE Judge.		
O E	radshaw & Sons, Crisfie	eld. Md.	DATE OC	ST 13 1966 KCCC	. They are		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after deapter. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2.5		14879 CERTIFI	CATE OF DEATH	14882
neral and r death		PLACE OF DEATH o. (QUINTY Micomico MARYLI	2. USUAL RESIDENCE (Where deceased lived, if institution: Resid	ence before admission)
ges afte		b. CITY OR TOWN (If outside comprote limits C IENGTH OF STAY IN		give neorest town)
by the parameter parts	L	write RURAL ond give neorest town) Salisbury	Princes ama	2 19.2
d in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
fille ithin	3	Peninsula General Hospital NAME OF A / + First Middle	Lost 4. DATE Month	VES NO Vegr
letely arbai nt, w		OFCEASED LIFTON LEE	LAIRD OF OCTOBEI	
and campletely filled in by the funeral remave carban papers. Pages 1 and 2 many event, within 72 haurs after death	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors less birthdoy) Months yrs.	
	10c dur	USUAL OCCUPATION (Give kind of work done ng most of work ing He, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
g physician Then please maval, and	13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME!	the
by the attending ransit permit. Th	1S. (Ye	WAS DECEASED EVER IN 1.5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Social Security No. 18. O - 18. Social Security No.	17. INFORMANT Paddress Address Laviel	Pr ame me
the at usit pe		18. CAUSE OF DEATH (Enter only one couse per the or (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
d by		332 X DUE TO		
signed burial-t burial, c		Conditions, if ony, which gove nise to immediate couse (o), DUE TO		
the tr ta		stoting the underlying couse (c)		
e has been use as the lith priar ta	ATION	PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTY (0)	19. WAS AUTOPSY PERFORMED? YES NO DE
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and	CERTIFICATION		URRED. (Enter noture of injury in Port I or Port I of item 18.)	4
detach	MEDICAL		20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	County) (Stote)
DR: After and be a the State		21. I certify that (I) (this haspital) attended the deceased from the deceased give ap 10/13 19/6, and	ram	the date stated abave
DIRECTOR: ge 3 shaul iled with th	,	26 SIGNATURE & Silmore	M.D. PHYS. MED. STAFF STAFF PHYS.	DATE SIGNED
ar, pag d be fill		22c. Refysician's NAME (Type) DAVID GILMORE	22d. ADDRESS	
director, pa	1	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETE	or Cornelis Mr Vernan	(County) (Stote)
VR A15 (4) 20 M 1/66	129	FUNERAL DIRECTOR Willson Princes Co	DATE OCT 17 1966 ACC	signature anley Judge

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Todingula cemeral Hospital

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14880	CERTIFICATE	OF DEATH		14883
1. PLACE OF DEATH 0. COUNTY Wicomico	MARYLAND	o. STATE Mary		comico
b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest town) Salisbury	c. LENGTH OF STAY IN 1b	Salisbur	tside carparate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, of 109 E. Williams St.,	give street address)	d. street address	illiam St.,	e. IS RESIDENCE ON A FARM? YES NO &
3. NAME OF First DECEASED (Type or print) MARY	Middle STURGIS L	Lost ANKFORD	4. DATE Month OF DEATH 10	6 166
S. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		8. DATE OF BIRTH Nov. 11,1874	9. AGE (In years last birthday) 91 yrs.	Months Days Haurs Min.
during most of working life even if retired) House Wife Own	IND OF BUSINESS OR IDUSTRY n Home	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Thomas Sturgis	COCKIN CECUPITY NO.	Joanna J	ruitt	
(Yes, no, or unknown) (If yes give war ar dotes of service)	0-52-9069 Mi	nformant ss. Joanna 1	Address Lankford, Sec. 2	2
1B. CAUSE OF DEATH (Enter anly ane cause per line for PART I. DEATH WAS CAUSED BY: A O 4 O DUE TO Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO	Onemer Oneme	المناسبة الم	P 1A.	INTERVAL BYTWEEN STORY AT VIOLATIN
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I	OLEVANIA BUT NOT BILATED TO	The terminal disease con	PHIO(GIVE) IN PART 1(0)	19. WAS AUTOPLY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Day, Yeor Hour o.m. 10	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. 19 20d. In While of wark	Nat While fact	CE OF INJURY (Hame, farm ary, street, office bldg., etc.)	11 1	(Caunty) (State)
21. I certify that (I) (this hospital) attaches sow the deceased alive on	ded the deceased from	t death occurred of	9 6 to 10 16 s	nd on the dote stoted obove
220. SIGNATURE	exclusion, M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 10-8-1966
NAME (Type) Dr. Rufus S. Ga	rdner.JrV	Salisbu	ry, Maryland	(6.4)
230. BURIAL (REMATION, REMOVAL (Specify) 10—8—1966	Parsons Cemet	ery	23d. LOCATION (City or Tow Salisbury, Ma BY REGISTRAR 2Sb. REG	, , , , , , , , , , , , , , , , , , , ,
Hill Funeral Home Salisb				Melanla Judas

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pryston and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then proper remove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removed and any event, within 72 hours ofter dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

6681 ATT IN ç. 57 a. Omerwanter) alventer artered itellements June & Comp The second secon The control of the later of the

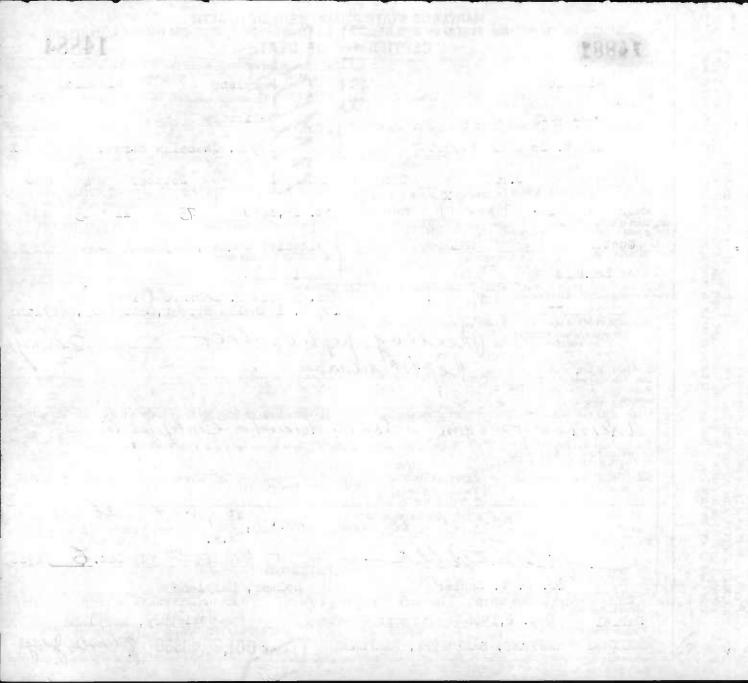
executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14884

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where dece			e before admission)
	Wicomico	a. STATE Maryland b. COUNTY Wicomico					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Salisbury		Sa	lisbury		2	2.1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADORESS	-		0 =	e. IS RESIDENCE
	109 E. Isabella Stre				bella St		ON A FARM?
3.	NAME OF First	Middle	Last	1 4. DATE	Month	Oay	/ Year
	DECEASED (Type or print) JOHN	HENRY	LEONARD	OF DEATH	October		1966
5.	SEX 6. COLOR OR RACE 7. MARRIED 5	NEVER MARRIEO	8. OATE OF BIRTH	9.			IF UNDER 24 HRS.
	Male White WIDOWED	OIVORCED	Oct. 19,189	90	last birthday) 75 yrs.	Months Oays	Hours Min.
1Da dur	USUAL OCCUPATION (Give kind of work done lob. King most of working life, even if retired)	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN COUNTRY	OF WHAT
		lroad	Wicomico	County,	Maryland	I USA	
13.	FATHER'S NAME		14. MOTHER'S MAI	OEN NAME			
	James Leonard		Annie La	nk			
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT Mrs. Mattie	H Too	Address	s fo)	
	No =-		109 E. Isal				Marvland
	18. CAUSE DF GEATH [Enter only one cause per lin	e for (a), (b), and (c), 1	20/202	00118 0	1000000		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ofind h	estic u	Leer		ONS	SET AND DEATH
	IMMEDIATE CAUSE (a)	en of	Epin C 10.		-		may
	Oue TO OUE TO	eplio ula					2/
	Cenditions, If any, which gave rise to immediate (b)	ejui me					
	cause (a), stating the OUE TO					200712	
2	underlying cause last. (c)						
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				_ / .	1. 1 9	WAS AUTOPSY PERFORMED?
ICA	With odoroses gos	n Jours	le downers	na Cy	stolege	Celes YE	
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury In Par	t I or Part II of	Item 18.)	** - - - - - - - - - - - - -
		N/A					
CA	Have a m	facto	CE OF INJURY (Home, i ry, street, office bldg.,	farm, 20f. (0 etc.)	ity or town)	(County)	(State)
MEDICAL	p.m. 19 at work	- Not while					
	21. I certify that (I) (this hospital) attended	the deceased from	App.	19 50, to (ct4	, 1966 , th	hat (I) (we) last
	saw the deceased alive on 004 3	19 66, and that	death occurred at	3:45 M, from	n the causes a	ind on the dat	e stated above.
	22a. SIGNATURE			A.M.	1	22b. DATE SI	GNED
	IANOSTI.	1/2 M.O	ATTENDING PHYS.	MED. OIRECTOR	STAFF PHYS.	Oct. 6	/1966
	22c. PHYSICIAN'S		22d. ADDRESS				
	NAME (Type) Dr. L. V. Sohle	er	Delmar	. Maryl	and		
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tov	wn or county)	(State)
1	Burial Oct. 6,1966	Parsons Ceme		Sa	lisbury,	Marylan	ıd
24.	. FUNERAL DIRECTOR	ADDRESS		EC'D BY REGIST	RAR 25b. RE	GISTRAR'S SIGN	NATURE
1	HOLLOWAY & COMPANY, SALIS	BURY, MARYLAN	DATE	OCT 7	1966	Milarle	o judge
/1-			IDAIL	-			W. V.

15 (4) 1/65

VR A15



Items 20a&b Film 382 11-1 MARYLANDSTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b COLINTY 2, and 3 to PM3. Poge Poge Wicomico ō Mary land MARYLAND ..icomico Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS form hours Peninsula General Hospital D.C.A State | 8. Give Pages 722 Roger Street YES NO Ex This certificate should be executed within 24 hours after death. 3. NAME OF Middle 4 DATE Month Lost Doy Year DECEASED OF the ? DONALD RALPH 1966 LEVIS 28 within (Type or print) October DEATH along 1 With IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost birthdoy) Months Doys Hours Mala White WIDOWED DIVORCED August 29.1947 79 event in Item 1 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? duy Salisbury, Maryland Brick Mason USA word "pending" in pencil in the Chief Medical Examiner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil bad ⊑ Ralph Charles Lewis Phyllis Ella Powell File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Ralph C. Lewis (Father) (Yes, no, or unknown) (If yes give wor or dotes of service) or removol. 216-48-5540 722 Roger Street, Salisbury, Maryland no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). forworded to DUE TO stoting the underlying couse 0 0.5 burial, nseq 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, YES -NO X 2 pe Poge 4 should be 20a. EXTERNAL CAUSE WAS PRIMARY ♣ or CONTRIBUTING 20b. DESCRIBE HOW WIURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.] 3 should its designoted agent, prior CAUSE OF DEATH Delaware Avenue MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (Stote) (City or town) (County) 12:20 Haur o.m. foetory, street, office bldg., etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy X Inspection . Inquiry ond in my opinion the funeral directar. Accident X deoth resulted from: Notural couses Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Dr. Philip A. Insley, Salisbury, Ma Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) St. Johns Cemetery Powellville. Burial Maryland

ADDRESS

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

2Sb. REGISTRAR'S SIGNATURE

Miarles Judy

2So. REC'D BY REGISTRAR

VR A15ME (5)

24. FUNERAL DIRECTOR

and completely filled in by the funeral remave carban papers. Pages 1 and

Division of STATISTICAL		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 2120	1
14883	CERTIFICA	ATE OF DEATH	14886	
1. PLACE OF DEATH O COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deced o. STATE Md.	sed lived, if institution: Residence b. COUNTY Ken	. /
b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpare Millington.	ate limits, write RURAL ond give n	eorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula General		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. M	Middle ARRIED NEVER MARRIED DOWED DIVORCED 10b. KIND OF BUSINESS OR		9. AGE (In years IF UNDER 1 YI last birthday) Months D. 84 yrs.	Day Year 30 19 6 6 EAR IF UNDER 24 HRS ays Haurs Min.
during most of working life, even if retired) Housework 13. FATHER'S NAME John T. Newnam.	INDUSTRY Home	Md. 14. MOTHER'S MAIDEN NAME Mary E. Everet	U.S.	TRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war ar dates of servi	ce)	17. INFORMANT Son. Earle Lockwood,	Address Earleville,	Md. 21919
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (b) DUE TO Conditions (c)	Challey Ste	monfluin.	2	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVI	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year		RED. (Enter nature of injury in Part I or Part PLACE OF INJURY (Home, farm. 20f.	rt II of item 18.) (City ar town) (Caunh	y) (State)
20c. TIME OF INJURY Manth, Doy, Year Haur o.m. 19	While Not While at wark at wark	factory, street, office bldg., etc.)		i) (sidie)

21. I certify that (I) (this haspital) attended the deceased fram.

196, that (1) (we) last and that death accurred at 1032 M, fram causes and an the date stated above

S	aw the	deceas	sed al	ive ar	1	//	20	2
22a.	SIGNATU	14	ll	1/10	うん	U	le	
22c.	PHYSICIAL	N'S	1/	9	1-1	フ	-	

ATTENDING PHYS. M.D. 22d.

MED. DIRECTOR

22b. STAFF PHYS.

DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

NAME (Type)

23b. DATE THEREOF Nov. 2, 1966

NAME OF CEMETERY OR CREMATORY Crumpton Cemetery

25a. REC'D BY REGISTRAR

(State) Md. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

Edward Fellows,

ADDRESS Millington, Md. 21651

25b.

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

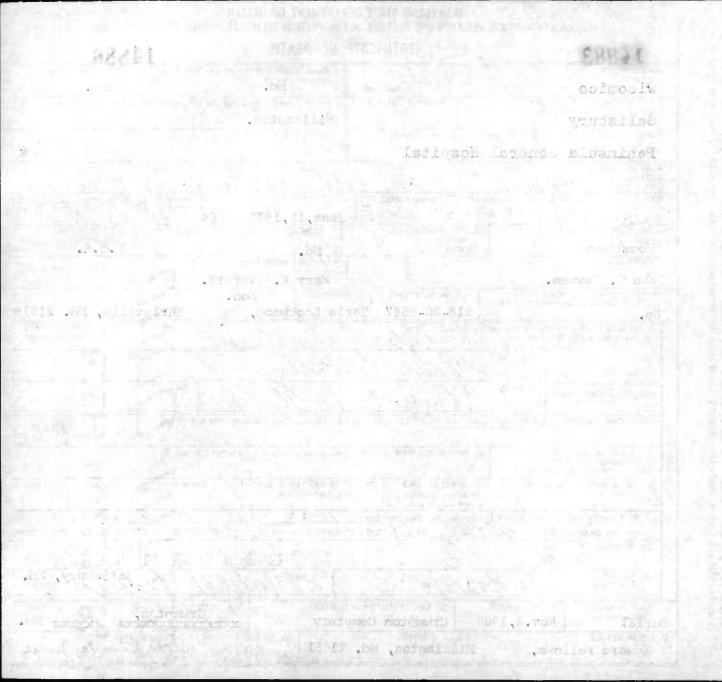
signed by the attending ph burial-transit permit. Then

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been



Charles of a common application of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14884

CERTIFICATE OF DEATH

1 300						11000			
1. PLACE OF DEAT				2. USUAL RESIDENCE	Where deceased lived, if instit	tution: Risidente offore admission)			
J. COUNTY WICOM	iao		MARYLAND	o. STATE Maryl	Wicomico				
h CITY OR TOW	(If autside carparate limits.		c. LENGTH OF STAY IN 16		utside carparate limits, write R				
write RURAL	and give nearest tawn)		a satisfies of sitts at the		orange comparation trimes, trime to	otate and give means to may			
Salis				Eden		Lot 1			
d. NAME OF HOS	PITAL OR INSTITUTION (If nat	in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Penin	sula Genera	al Ho	spital	Route	#2	YES NO			
3. NAME OF	First		Middle	Last		onth Day Year			
(Type ar print)	WILSON	LEV	IN	LOWE	DEATH OCTO!	BER 7 1966			
S. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS			
Male	White	WIDOWED	DIVORCED	June 20,190	last birthday) 62 yrs.	Manths Days Hours Min.			
	ON (Give kind of work done	10b. KI	ND OF BUSINESS OR		y & State, ar fareign country)	12. CITIZEN OF WHAT			
during mast af wark	ng life, even if retired)		DUSTRY			COUNTRY?			
Truck I		Da	iry	Salisbur	y Maryland	USA			
Robert				Mary E.					
15. WAS DECEASED	VER IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16. S	SOCIAL SECURITY NO. 17	NFORMANI Lillie	M. Lowe (Add	ife)			
Yes	War II	2	214-10-9870	Rt. #2, Ede					
1B. CAUSE OF	DEATH (Enter only one couse	per line far	(a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH			
PART I. D	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardine infanction								
420	DUE TO	/	2						
Canditians, if o	Conditions if any which ages								
rise ta immed	rise ta immediate cause (a),								
_	stating the underlying cause								
last.) (-				Tio was AllTopsy			
PART II. OTHER	7			,	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
ATIC	Pu	lmono	5 emphyses	w & Oum	choquen	YES NO			
	VAS UNDERLYING 🗆	205. DE	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II af item 18.)				
(IF EITHER, NOT	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	120	N/A						
₹ 20c. TIME OF	NJURY Manth, Day, Year	20d. IN		PLACE OF INJURY (Hame, far		(Caunty) (State)			
Hour a.m. While Not While factory, street, affice bldg., etc.)									
	p.n.c of work 1								
	21. I certify that (1) (this haspital) attended the deceased fram 7-7-, 19-66, to 2-7, 19-64 that (F) (we) lass as the deceased glive an 7-7-19-66, and that death accurred at 2-4M, from causes and an the date stated above								
		(17 00, 0110 11	nor deally accorded to	m, num couse:	22b. DATE SIGNED			
ZZa. SIGNATU	ATTENDING MED. STAFF								
	Ranen L. Jeffort M.D. PHYS. DIRECTOR LI PHYS. L. Oct. 7/1966								
22c. PHYSICIA	22d. ADDRESS NAME (Type) JAMES L. CLIFFORD 22d. ADDRESS Medical Centur, Salisbury.								
	14/14/11/40 L		-IFFORD	///	acces Com	Salisbury N			
Manie (1									
23a. BURIAL, CREMA	TION, 23b. DATE THER	EOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City or 1	Tawn) (Caunty) (State)			
	TION, 23b. DATE THER		23c. NAME OF CEMETERY C						
23a. BURIAL, CREMA	TION, ify) 23b. DATE THER Oct. 11			y Cemetery	Near Fru	Town) (County) (State) itland, Maryland REGISTRAR'S SIGNATURE Clearles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or lemove, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retoined by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66

Legitore Legene. a manines.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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14885	CERTIFICAT	E OF DEATH		14999
PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	II A STATE	here deceosed lived, if institution b. COUNT	on: Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	ide corporote limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Peninsula General	Hospital	Renwick R	oad	ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Edward	Middle	m & Cabe	4. DATE Month OF DEATH October	4 18 1966
1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 92 yrs.	Months Doys Hours Min.
luring most of working life, even if retired)	IOb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Delaware		12. CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Elijah McCab		Julia M	I. Murray	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service		INFORMANT Grise McC	Addres Selbyvi	
1B. CAUSE OF DEATH (Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1)	he for (o), (b), and (c).	omboses		INTERVAL BETWEEN ONSET AND DEATH WELLS
Conditions, if ony, which gove) DOE TO	webral and	exiosales	roses	
rise to immediate couse (o), stoting the underlying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO IX
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 1B.)	
Hour o.m.		ACE OF INJURY (Home, form, story greet, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hospitol) of saw the deceased alive on	attended the deceased frame	state occurred of	2-0	, 19 <u>G</u> , thot (I) (we) la and an the date stated abov
220 SIGNATURE and I Si	lever M	.D. PHYS. \square D	AED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DAVID J. G	ilmore.	Medien Ce		ury MARY/And
30. BURIAL CREMATION, 23b. DATE THEREOF 10/20/66	23c. NAME OF CEMETERY OR Red Men		23d. LOCATION (City or Town Selbyville	Des
24. FUNERAL DIRECTOR	MORESS No.	. // //		Mistrary Signature

VR A15 (4) 20 M 1/66

TO REAL PROPERTY OF THE PROPER ×2001 Land to be a first and in a decided a function And the second second The state of the s The second secon

funeral and 2 death. and after by the Pages 1 hours af .≘ filled Dabers. event, within 72 within completely carbon executed remove in any and attending physician ease and certificate remova 5 death cremation, the been signed by the the burial-transit or to burial, cremati attending physician. as the prior to r this certificate has b detached for use as t te Dept. of Health prior e Dept. After be retained by director, page 3 should should be filed with the Page 4 may director, p should be f

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. CDUNTY a. STATE b. CDUNTY Wico Wicomico
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Maryland MARYLAND c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Mardela Salisbury 40 Days
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Days e. IS RESIDENCE DN A FARM? d. STREET ADDRESS Deer's Head State Hospital. Salisbury. Md. Rt. 1. Box 95 YES ND NAME OF First Middle Last DATE Month Year 4. DECEASED 19 66 (Type or print) DEATH 10 10 McGlotten Myra AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLDR DR RACE 9. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours WIDDWED X DIVORCED Female Negro 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 12. CITIZEN DF WHAT LACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY bor 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mon IMMEDIATE CAUSE (a) DUE TD Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. NO 19. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFDRMED? CERTIFICATI YES X ND 2Da. ACCIDENT WAS UNDERLYING DON'T DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20b. MEDICAL 2Dc. TIME DF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While

19 66, that (I) (we) last 19 66 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 20M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE

at work

p.m.

at work

ATTENDING STAFF PHYS. MED. 10/10/66 DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS 22c.

NAME (Type) Deer's Head State Hospital, Salisbury, Md. Mitchell C. (State) BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county)

REC'D BY REGISTRAR | 25b. BEGISTRAR'S SIGNATURE ADDRESS 24. FINERAL DIRECTOR 25a. Charles 1966

VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14000

can and campletely filled in by the funeral last terms carban papers. Pages 1 and 2 and 2 and any event, within 72 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican director, page 3 shauld be detached far use as the burial-transit permit. Then the shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

	14001	CERTIFICATE	OI DEATH		14000			
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution:	Residence befare admission)			
- 10	wicomico	MARYLAND	a STATE ONE	But b. COUNTY	-10100X			
	b. CITY DR TOWN (If autside corporate limits.	c. LENGTH DF STAY IN 1b	C CITY OR TOWN (If And	side carparate limits, write RURAL of	and give negrest town)			
	write RURAL and give nearest tawn)	C. EBOTH DI STAT IN 10	(1)	1001	and give induces rawing			
	Salisbury		18um	ally	19 2			
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in ho	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Peninsula General	Hospital			YES NO Z			
	NAME OF First	Middle	Lost	4. DATE Manth	Day Year			
	DECEASED (Type or print) ELMER	MEG	Frith	DEATH OCTOBEI	R 5 1966			
_		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HR			
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dur	n. USUAL OCCUPATION (Give kind of wark dane ing/most of working life, even if retired)	INDUSTRY	BIKITIFUACE (COUNTY &	state, dr foreign/country)	COUNTRY?			
	remade Water	nan	19mm	Ley //ll.	MSA			
13.	FATHER'S NAME	1 -4/	14. MOTHER'S MAIDEN N	AME				
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	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	· wan-			
(∀€	es, na, ar unknawn) (If yes give wor or dates of servi	(e)	no Minni	n 14/0x MITA	by the second			
	Lin caller or DEATH (5.4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n nww	2 Janvones	INTERVAL BETWEEN			
	1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).	Theony	Chonses	ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	Cercerax	0 -00000	veces	800			
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	Canditians, if ony, which gave (b)							
-	stating the underlying cause DUE TO				PT 2.18.250			
	last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY			
CERTIFICATION					PERFORMED?			
F	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Part Lor Part II of item 18.)				
ERTI	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW WORK OCCURRED.	(Enter Herore of Injery III)	an i or i an ii or iiiiii to.,				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		CO OF INVESTOR (II)	T 001 (6:1 - 1 - 1)	(Caraba) (Caraba)			
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M	p.m. 19	at work at work	c1	6.4 /				
	21. I certify that (1) (this haspital) attended the deceased fram $9-98$, 19. Coa $10-5$, 19. Cothat (1) (we) last							
	saw the deceased alive an 10	-5 100, and that	t death occurred at_	630 + M, fram causes and	an the date stated aba			
251	220. SIGNATURE				22b. DATE SIGNED			
	1075296000	J.M.		MED. STAFF DIRECTOR PHYS.	10-5-66			
	22c. PHYSICIAN'S	1/1	22d. ADDRESS					
	NAME (Type)	V	A STATE OF THE STA					
00	BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	23d, LOCATION (City or Tawn)	(County) (State)			
230	BURIAL, CREMATION, 23b. DATE THEREOF	ZSC. BIAME OF CEMETERY OR	KEMATOK!	Zon Location (city of Idwin)	A (County) (Sidie)			
1	30000 1/8/	6 Turmen	ns Omely	1/annian	DAD'S SIGNATURS			
24	4. FUNERAL DIRECTOR	ADDRESS	1. ///V . A.		RAR'S SIGNATURE			
0	Jern n. Wille	1 thunder	DATE UL	CT 7 1986 gc	warley Judge			

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14891

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death. nerai and 2 death.	al la	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed	lived, if institution: Residence	e before odmission)
funeral funeral s 1 and ter death			Wicomico	MARYLAND	o. STATE Maryland	h COUNTY	omico
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rs affe / the Pages irs aft			write RURAL and give nearest town)	Adm in 1-D 10/12/66	Salisbur		2 1
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ithin 24 ho Iy filled in on papers. within 72 h	80		Peninsula Gener			Zion Road	YES NO X
with with			NAME OF Firs		Lost 4. DATE OF	Month	Doy Year
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an an		100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign	1 country) 12. CITIZ	ZEN OF WHAT
sician	1	S	ng most of working life, even if retired)	e Equipment	Chester, Pa.	Ţ	NTRY? J S A
fical	/	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
th certi ling ph Then remav		I,	yman M. Mudge, Sr.		Anna Stromberg		
th ding		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT E MILE	Address	
te death certificate be executed with attending physician and campletely permit. Then pease remave carbonian, ar remavifund in any event, wi		Y	s, no, or unknown) (If yes give war or dotes of $W_*W_*\#\mathbf{II}$	171-10-2107 B	nformant s.Naomi E. Mudg D.#5,Zion Rd.,	Salishury	Maryland
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t te the main			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Mand No.	Sarcoma.		CONSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremat		2	201 X DUE T				
requires that the death certificate be executed within 24 haurs after death graysician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please, remave carbon papers. Pages 1 and 3 burial-transit permit. Then please, remave carbon papers. Pages 1 and 3 burial, crematian, ar remaval, with any event, within 72 haurs after death			Conditions, if ony, which gove	b)			
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The at	0	CERTIFICATION	Milcenature	Colitis			YES NO
PHYSICIAN: e haspital ar his certificate stached far u Dept. of Heali		FIG	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II	of item 18.)	
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G PHYSICIA the haspital r this certifical detached fa te Dept. of H	250		(IF EITHER, NOTIFY MEDICAL EXAMINER)		E OF INJURY (Home, form, 20f. (C	ity or town) · (Coun	nty) (Stote)
	123	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	While Not While facto	ory, street, office bldg./etc.)	1	(
ATTENDING stained by the CTOR: After the shauld be de ith the State			p.m.	ital) ottended the deceased from	10/12/ 1966 to	10/2/196	that (I) (we) lost
= T = 0	72		saw the deceased olive on	indi) offended the deceased from	death occurred ot 2456 M, fi	rom calises and on th	a data stated above
retained retained ECTOR: A shauld with the	T.		220. SIGNATURE	ond mon	again occurred of the in, in	22b. DAI	
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the			A A	M.D	ATTENDING MED. DIRECTOR	CTAFF	.21/1966
ITAL OF MANY PER SAL DIR			22c. PHYSICIAN'S		22d. ADDRESS	PHIS.	
RAI SAI Po			NAME (Type) Dr. Q. J. Br	arton	Medical Center	r Salisbury	y. Maryland
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with th		230	BURIAL, CREMATION, 23b. DATE THER				County) (State)
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed v	0	200		/1966 Springhill			
5-5	8	24	FUNERAL DIRECTOR	ADDRESS	Mem. Gardens. S	alisbury.	CNATURE
VR A15 (4) 20 M 1/66	10		OLLOWAY & COMPAN			1966 gclia	rles Judge
20 /41 1/00	10	44			DAIL OU N T	1900	· · · · · · · · · · · · · · · · · · ·

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1488	39		CERTIFIC	CATE	OF DEATH			1892	Mr.
	PLACE OF DEATH o. COUNTY	Wicomico		MARYLA	AND	2. USUAL RESIDENCE (W o. STATE Maryla		lived, if institution: Reside b. COUNTY	nce before odmission	n) /
	write RURAL one	If outside corporate limits, digive nearest town)		c LENGTH OF STAY IN 54 days			tside corporate li	imits, write RURAL and gi		
		at or institution (if not in s Head State				d. STREET ADDRESS	Harrison	n Street	e. IS RESID ON A FA YES	ARM?
3.	NAME OF DECEASED (Type or print)	First Mary		Middle Katherine	Ne	lost elson	4. DATE OF DEATH	Month Oct.		66
	sex Female	20072 1 1	MARRIED 5	NEVER MARRIED DIVORCED		DATE OF BIRTH ug. 26, 192	10	GE (In years IF UNDER ost birthdoy) Months	Doys Hours	Min.
dur	. USUAL OCCUPATION ing most of working BOOKKEEPE FATHER'S NAME	(Give kind of work done life, even if retired)	INDU	of Business or USTRY g & Storag		11. BIRTHPLACE (County Wicomico 14. MOTHER'S MAIDEN N	County	(OUNTRY? USA	
(Oliver Gi	Vans R IN U.S. ARMED FORCES?	16. SO	OCIAL SECURITY NO.	17. IN	Evelyn O		Address		
(Ye	es, no, or unknown) No	(If yes give wor or dotes of se	21	18-16-9065	IV.	r. Elwood I	d. Nelson Street	on (Husband et. Salisbu) 'y. Maryl INTERVAL BETV	
	PART I. DEA' Conditions, if ony rise to immediat stating the unde	e couse (o).	Bij	Lateral Bro	1	o-Pneumonia vix Grade I	A. Let	tastasis	ONSET AND DI	
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONT							19. WAS AUTO PERFORME YES Z	NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		N/A		inter noture of injury in I				
MEDICA	Hour o.i	n. 19	While of work	Not While of work	foctor	OF INJURY (Home, form ry, street, office bldg., etc.)				Stote)
	saw the d	fy that (I) (this hospit eceased palive on OC	al) attende t. 22	ed the deceased fr	ram nd that			Oct. 22 , 19 rom causes and an	the date stated	
	220. SIGNATURE	W. We	lde	۸,	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF TO OC	t. 23, 19	966
	22c. PHYSICIAN'S NAME (Type) L. Maldv						Maryland	(6.1)	
	BURIAL, CREMATIC REMOVAL (Specify Burial	0ct.25	1966	Springhill ADDRESS		nom Garden		ON (City or Town)	land	tote)
2	4. FUNERAL DIRECTO		SALIS	BURY, MARY	LAND	DATE O C			les Judge	د.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, or remaval and with the State Dept. at Health priar ta burial, crematian, or remaval and event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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SUMPL

301 W. PRESTON STREET, BAITIMORE MARYLAND 21201

14890	CERTIFICATE	OF DEATH	, one mone, manne	14893
1. PLACE OF DEATH 0. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if institution b. COUN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	Poca	rside corporate limits, write RUR,	1 23-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula General	l Hospital	d. STREET ADDRESS	entine St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LLCYD	Middle Ni,	mma Lost	4. DATE OF DEATH OCTOB	ER 22 1966
MALE NEGRO W	IDOWED DIVORCED DIVORCED DIVORCED	Cor 4 18	9. AGE (In yeors dast birthdoy) G g yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of whiking life, eyen if retired) 13. FAIVER'S NAME	Coment work	14. MOTHER'S MAIDEN N	& Stote, or foreign country)	COUNTRY? 1. S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 10 100 O	NFORMANT	ary Jan	e Cuff
(Yes, no or unknown) (If yes give wor or dotes of serv	ice 213-05-1974 E	-/. A/.		omake City, Md
1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b) Last. 1B. CAUSE OF DEATH (Enter only one couse per part) IMMEDIATE CAUSE (b) DUE TO (c)	Cinoma Cinoma	of Esoy	phagus	INTERVAL DETWEEN ODSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m.	205. DESCRIBE HOW INJURY OCCURRED.			
p.m. 19	While Not While of work of work	E OF INJURY (Home, form, ory, street office bldg., etc.)	, 20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital saw the deceased alive on		eath accurred at	9 G to 10/2- 145 M, from couses of	ond on the date stated abave
220. SIGNATURE 220. PHYSICIAN'S	M.C		MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED
NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spenty)	23c. NAME OF CEMETERY OR (4 . 0	23d. LOCATION (City or Tow	(County) (Stote)
24 FUNERAL DIRECTOR Annu Save	R hew Church	250. REC'D DATE	BY REGISTRAR 25b. REG QCT 27 1956	Sistrar's GIGNATURE Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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Principality Constal Hospital

14891

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14894

1. PLACE OF DEATH	omico		MARYL		o. STATE Mary	Where deceased Land	l lived. If institution b. COUNTY	on: Residen	ce befor	re admissi	ion)
b. CITY OR TOWN (If aut RURAL and give neares Salis	t_tawn)	s, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF	outside corpo		URAL ond	give nea	arest tawn)
d. NAME OF HOSPITAL (ve street	oddress)		d. STREET ADDRESS					e. IS RES	
John B. Par	sons Ho	me f	for Aged		East	Will	iams St	reet			NO Z
3. NAME OF DECEASED (Type or print)	Rosa		Marian		Nock	4. DATE OF DEATH	Oct.		1000	,	Year 66
s. sex Female 6.	White	7. MARR	RIED NEVER MARRIED DIVORCED	77	eb. 3,187	75	9. AGE (In years last birthday) 91 yrs.	IF UNDER Manths	1 YEAR Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION (during most of working at home	life, even if retired)		kind of Business of at home	NDUSTRY	11. BIRTHPLACE (Stor	_	ountry)		ZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME	Real Rose			1	4. MOTHER'S MAIDEN	NAME					
Little	ton Noc.	k			Rosa	Thori	ngton				
15. WAS DECEASED EVER IN	U. S. ARMED FORG		SOCIAL SECURITY NO.	17. INFO			Salid	bury	, M	d.	
no litye	, give wor or dates or se	vicej		Reco	rds: John	1 B. P	arsons	Home	fo	r Ag	ged
Canditians, if ony, gave rise to imme cause (a), stating the lying couse last.	diote DUE TO	DITIONS C	CONTRIBUTING TO DEA		T RELATED TO THE TERM			'EN IN PAR	T 1(o) 15	9. WAS A PERFOI YES	AUTOPSY RMED? NO
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I or Part	II af item 18.)				
W 20c. TIME OF INJURY A Hour o. m. p. m.	Month, Doy, Yea	r 20d. It While at war	Nat while	20e. PLACE factory	OF INJURY (Hame, for , street, affice bldg., e	rm, 20f. (City	or tawn)	(0	Caunty)		(State)
21. I certify that (I saw the deceased 220. SIGNATURE) 22c. PHYSICIAN'S NAME (Type)		attend A			ATTENDING 1	400	the causes an			stated	
23a. BURIAL, CREMATION,	23b. DATE THEREO		23c. NAME OF CEME		REMATORY	23d. LOCAT	ION (City, town,	ar caunty)		(State	e)
Bur 1 (Specify)	10/12/1	.966	Parson	s Cen	netery	Sali	sbury		Mar	ryla	nd
Thomas F.	Wallac	2 En	alisbury.	Md.	25a. REC	C'D BY REGIST	25b. REGIS	STRAR'S SIG	- 10	RE	40
Thomas F.	Wallac	ם מ	attonary,	Più.	DATE	AI TO	1900	7-	4	A CONTRACTOR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VR A1S (4) 15M 9/59 ABXS: TERRET FOR STATE P.M.3. Page d

Office alang with farm

24 haurs after death.

This certificate shauld be executed within

haurs (

event within with

the State

and 2 \

the funeral director. Page 4 shauld be farwarded to the Chief Medical 5 may be retained for your files.

• FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Health ar its designated agent, prior to burial, crematian, ar remaval,

VR A15ME (5)

its designated agent, priar

necessary, please execute the certificate,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before o. COUNTY b. COUNTY Wicomico Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside cornorate limits CLENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury Juantico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Box #12 Peninsula General Hospital YES NO 3. NAME OF Middle 4. DATE Lost Month Dov DECEASED October 1066 MYRTLE OFFINS AMY Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours August 21,1888 WIDOWED DIVORCED White Female 28 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Wicomico County, Maryland House Work None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Reddish Cadmus Bailey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT | Wr. Onley E. Owens (Husband) (Yes, no, or unknown) (If yes give war or dates of service Box #12, Quantico, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSE OAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port L of item 18.) PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor (City or town) (County) focy of treet, office bog., etc.) Not While ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection x Inquiry and in my opinion death resulted fam: Naturol causes Accident Suicide [Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE October 20 /1966 DEPUTY MEDICAL EXAMINER Dr. Earl L. Royer EXAMINER'S NAME (Type) 409 Camden Ave., Salisbury, Maryland Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) quantico Methodist Church Cem., Quantico, Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 Merley Judge HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Seyar graf flor x3 land from 5 John at church

FOR STATE HE.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

010	ISION OF STATIST	TOTAL TERRETARION I			meet, shermone,	1111741
93		MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

FOR STATE		14893	MED	ICAL EXAMINE	R'S (ERTIFICATE O	F DEATH		1	4896	;
HEALTH DEPT.	1.	LACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased			efore odmissio	n)
ay is 3 to Poge ent of eoth.		. COUNTY Wicomico		MARYLA	ND I	o. STATE Maryl	and	b. COUI	Wicon	nico	
lay Po Po deo		. CITY OR TOWN (If outside corporate	limits,	c. LENGTH OF STAY IN I	Ib	c. CITY OR TOWN (If ou		imits, write RUI			
y delay is y and 3 to PM3. Page ortment of fiter death.		write RURAL ond give nearest town Parsonsburg)			Parsonsburg				22.1	
cny 2, 2, 1 P		I. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, g	ive street oddress)		d. STREET ADDRESS	0			e. IS RESID ON A FA	ENCE
24 hours ofter death. If any delay is in Item 18. Give Poges 1, 2, and 3 to 5 Office along with form PM3. Poges Prond 2 with the State Department of my event within 72 hours ofter death.		R.D. #2				R.D.	#2				NO
oge th the standard standard the standard th		NAME OF	First	Middle		Last	4. DATE	Mont	h	Doy Yea	r
de P ve P y will		DECEASED Type or print)	RALPH	WOODROW		PARKER	OF DEATH	Octob	er le		56
ofter 8. Giv olong with withi	S. :	EX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. A	GE (In years ist birthdoy)	Months Do	R IF UNDER	
18.0 e ol 2 w	1	Wale White	WIDOWED	DIVORCED		November 25	,1914 "	51 yrs.	Months Do	l nours	Min.
hours Office Office Tond 2 event	1Do	USUAL OCCUPATION (Give kind of work		ND OF BUSINESS OR		11. BIRTHPLACE (Stote		ry)	12. CITIZEN COUNTI		
ges T	guri	ng most of working life, even if retired) Salesman - Route	Dai	OUSTRY LTY		Sussex Co	unty, I	elawar		.1 ?	
hin 24 ncil in ning pages in any	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
I within in pencil i Examine Examine File page and in a		James B. Parker				Irma Twil	ley				
ed v in in I Ex II Ex I, an	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FOR , no, or unknown) (If yes give wor or do	CES? 16. S	OCIAL SECURITY NO.	17. JN	FORMANI rs. Elsie N	lock Par	Addre	ife)		
xecuted nding" i Medical permit.		les War II		-05-3111	R	.D. #2 Pars	onsburg	Nary			
This certificate should be executed within 24 hours ofter death. ficate, writing the ward "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiners Office olong with fed be used as a burial-transit permit. File pages Tond2 with the Stot or to burial, cremation, or removal, and in any event within 72 has		18. CAUSE OF DEATH (Enter only on- PART I. DEATH WAS CAUSED BY:	e couse per line for	(a), (b), and (c).)		~ O	*			INTERVAL BETY ONSE AND DI	WEEN
should be e te ward "per to the Chief A burial-transit mation, or re		. IMMEDIATE CA	AUSE (o)	Corone		Ocella	- w		-	UNSE VIEW	Z_
ward ward the Ch rrial-tro		4201	DUE TO			7)					
sho e w o th o th nati		Conditions, if ony, which gove rise to immediate couse (a),	(b)								
o t crer		stoting the underlying couse	DUE TO								
ifico ifing irde(I os ol, c		lost.	(c)								D014
is certificate shie, writing the v forwarded to the used os o buriot, cremato	S	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO TH	IE TERMINAL DISEASE CON	IDITION GIVEN IN	PART I(o)		19. WAS AUTO PERFORME	
This icate, be for the formula for to fir to	CAT	On FATTONIA CALICE MAS								YES 1	NO [
	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in I	Part I or Port II	of item 18.)			
MINER: the cert the cert the shoul ur files. e 3 shoul gent, p	MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour o.m.	1	JURY OCCURRED 20		OF INJURY (Home, farm		ity or town)	(County)	(9	tote)
e the our	WE	p.m.	19 While of work	Not While of work	tocto	y, street, office bldg., etc.)					
AL EXA execute ir. Page d for you TOR: Pag		21. I certify that I taak ch	arge of the rem	ains described abay	ve, held	an Autapsy ,	Inspection	, Inqu	iry 🔀 , o	nd in my o	pinian
ano de fe		death resulted from: No	itural duses	Accident	Suicio	le , Homicide	Unde	termined m	anner		
MEDICA pleose expleose expleose expleose expleose expleose expleosed in the place of the place o		ACTUAL &	7			CHIEF MEDICAL	EXAMINER				
ple did		ACTUAL SIGNATURE	M			_IN.D.	ICAL EXAMINER			22. DATE S	IGNED
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health or its designated age			L. Royer				L EXAMINER		October	17	/196
full alth	00	NAME (Type) 409 Camde		lisbury Ma	d.	,	, city, town, or c		15		-
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pr	230	PEMOVAL (Specify)	E THEREOF					ON (City or To	,		ate)
R	24		19,1966	Parsonsbur	rg Ce		BY REGISTRAR	25h PF	sburg, I	mr.A Tar	id_
A	14	TUNERAL DIRECTUR		AUUKESS		ZOU. KELU	DI KEUDIKAK	23U. KE	ANDIC C ARAICIO	IUKL	

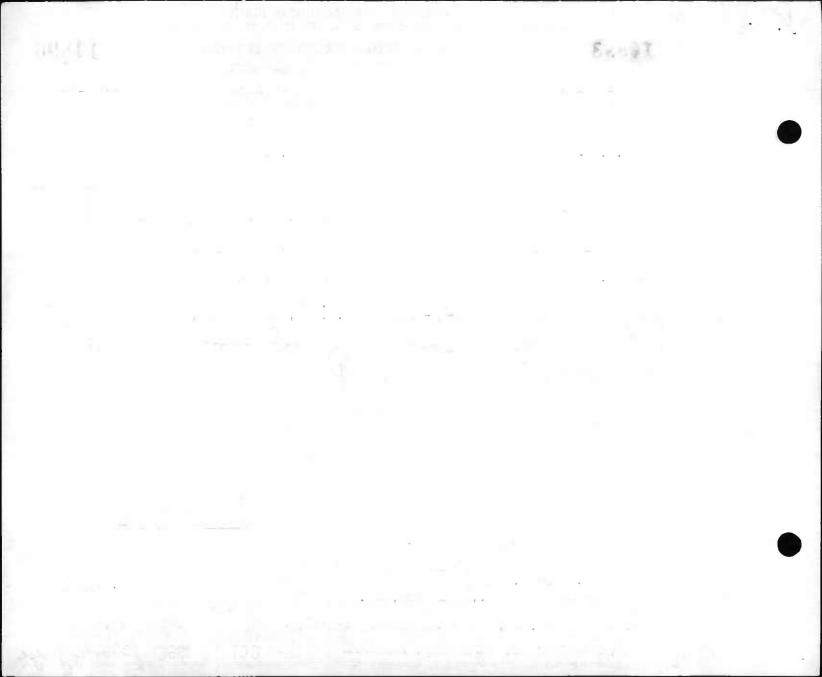
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DATE

1966

HOLLOVAY & COMPANY, SALISBURY, MARYLAND

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14	460			CEKI	IFICATE	OF DEATH				489	1
1. PLACE OF D						2. USUAL RESIDENCE	(Where deceoses	d lived, if institut b. COU	UTV		
	mico			M	ARYLAND	a. STATE New			Bur.	lingto	
b. CITY OR T	OWN (If autside RAL and give ne LSDURY	corparote limits orest tawn)	5,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o		limits, write RU	RAL and give	nearest taw	vn)
Sall	LSDULY	PETITION III					entown			6 /	DECIDENCE
				give street oddress)		d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
Peni	insula	Gener	al Ho	spital		Old A	mboy Ro	bad		YES	NO
3. NAME OF DECEASED (Type or prin	11)	Fir P##1		Middle		atterson	4. DATE OF DEATH	Octo		Doy 2.3	Year 19 6 6
S. SEX		OR OR RACE		TO NEVER MARK	RIED 🔲	B. DATE OF BIRTH	4 300 1110	AGE (In years	IF UNDER		NDER 24 HRS
Male		hite	WIDOWED	DIVOR	CED 🔲	June 10,190		lost birthday) 59 yrs.	Months	13	urs Min.
during most of w	orking life, even	nd of work done if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count			COI	IZEN OF WHA UNTRY?	AT .
13. FATHER'S N	reater		De	Laval		Beach Hav		٥٠	US	A	
IS. PAIREKS N	AME					14. MOTHER 3 MAIDEN	NAME				
	iam Pat					Sophie Ku	ihn				
IS. WAS DECEA	SED EVER IN U.S.	ARMED FORCES? ve wor or dotes a	16. S	SOCIAL SECURITY NO		NFORMANT	D. 44	Addre		- D 2	
(165, 110, 01 011)	(II Yes gi	ve wor or dores d	1 Service)	53097134		Mrs. Sarah Bordentown	Nam Te	son, Ulo	Muno)	y Road	9
Conditions, rise to imm stoting the last.	if any, which g nediote couse underlying co	DUE OUE OUE OUE OUE OUE OUE OUE	TO (b) TO (c) He	Con	ens	ary J	cclu	love HARADE VA		The	AUTOPSY
NO PART II. UI	THEK SIGNIFICAN	TOMA GONS CO	Mikibulitagi	-C	as	INTE TERMINAL DISEASE CO	Bud	elson	,	PERF	ORMED?
OR CONTRIL	ENT WAS UNDERL BUTING [2] CAUSI NOTIFY MEDICAL	E OF DEATH EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I ar Port I	I of item 18.)			
ZOc. TIME	OF INJURY Man our o.m. p.m.	th, Doy, Yeor	20d. IN While of work			CE OF INJURY (Hame, for ory, street, effice bldg et		(City or tawn)	(Cou	inty)	(State)
		(I) (this hos		ded the decease	d fram, and that	t death occurred o	1900, to			ethot (
220. 5 23	ATORE!	bent	Le	mbly	M.C	ATTENDING 🖈	MED. DIRECTOR [STAFF PHYS.		ATE SIGNED	1966
22c. PHYS NAM	E (Type)	He	rbe	TT Se	mble	y Lat	ist	ung	her	6	
230. BURIAL, CR REMOVAL (Specify)	236 DATE THE		23c. NAME OF CE				ATION (Cyly of Tax		(County)	(Stote)
Buri 24. FUNERAL D		Oct. 26	1966	ADDRESS	ry B C	emetery	D BY REGISTRAI	rdentown	GISTRAR'S SI	CNATHDE	
		COMPAN	V. SAIJ	ISTITEV M	ARVIAN		OCT 2			and a	Indee

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after dearn Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Snow Hill, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTIC	AL RESEARCH AND RECORDS, 30) W. PRESTON STREE	T, BALTIMORE, MARYL	AND 21201
14898	CERTIFICAT	E OF DEATH		14899
1. PLACE OF DEATH		2. USUAL RESIDENCE (WI	A A .	on: Residence befare admission)
· Wicomico	MARYLAND	" Mary	Land b. COUN	Warrenter
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If onts	ide corparate limits, write RUR	AL and give nearest tawn)
write PURAL and give nearest town)		Meiau	Cety	23-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in	n haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula Genera	al Hospital			YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
DECEASED (Type or print) Sadie	B.	PAYDE	OF DEATH Octob	
S. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Mantis Doys Haurs Min.
Female White	WIDOWED DIVORCED	Tet. 20, 18	80, 86 Yrs.	8
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT
	Modiki	Jugue	9	M. 2.141
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	AME	
(Roland H Ber	rus	Mukuo	will.	
 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war or dates of se 	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55 4 4 4 4 1
		era 71 Pas	que Oce	au Cely, MA
1B. CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY:	per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Malegaint lego	yphoma-		- y
200,00 DUE TO				
(b) rise to immediate couse (a),				
stating the underlying cause				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
S				YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	ırt I ar Part II of item 1B.)	
2Dc. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)	2Df. (City or town)	(Caunty) (State)
01 1 11 1/10 41: 1 1	1) in 1 1 if 1	10.30 10	17	21 10// 11 1/10/ 11

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending, physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. saw the deceased alive on 22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

MED. DIRECTOR

STAFF PHYS. ALIS BURY

M, fram causes and an the date stated abave.

22b. DATE SIGNED

(City or Town)

(County)

M.O.

and that death accurred at 12

ATTENDING PHYS.

REC'D BY

1966

Legiggon Lagened signains! A CAMPAGE AND THE STATE OF So it was the beautiful The board of the course of the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

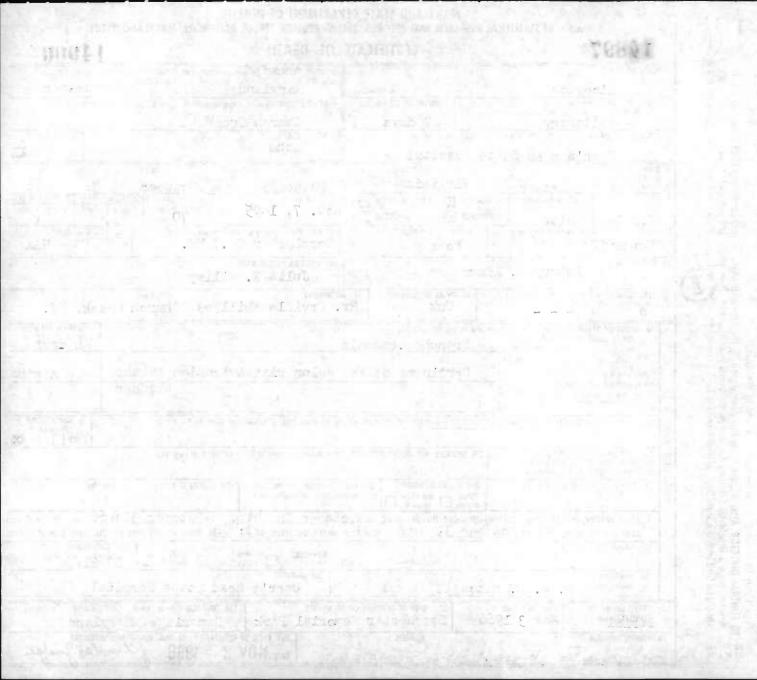
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	1 7 6 0 % 7			CERTIFIC	AIL	OI DEATH		1000		4	UU	
	PLACE OF DEATH				900	2. USUAL RESIDENCE (V	Where decease			e befare	admissio	on) /
	o. COUNTY Wicomic	00		MARYLA	ND	o. STATE Maryla	nd	b. COUN	Dor	ches	ter	
	b. CITY OR TOWN (If outside	e corparate limits,		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou		te limits, write RUR	AL and give	neorest	tawn)	
37	write RURAL and give no Salisby	arv		7 days		Church	Creek			1	9 - 2	2
	d. NAME OF HOSPITAL OR IN	NSTITUTION (If not i	n haspital, gi	ive street address)		d. STREET ADDRESS				e.	IS RESIL	DENCE
	Deer's	Head Sta	ate Ho	spital		None				YI		NO.
	NAME OF	First		Middle		Last	4. DATE	Month		Day	Yeo	or
	DECEASED (Type or print)	Esther	Vi	rginia		PHILLIPS	OF DEATH	October		31	19 (
S.	SEX 6. COL	OR OR RACE	. MARRIED	NEVER MARRIED	3	B. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1	YEAR Dovs	IF UNDER Hours	24 HRS.
	Female Wh	ite	WIDOWED			Nov. 7, 189		70 yrs.				741111.
10a dur	. USUAL OCCUPATION (Give king most of working life, ever	ind of work dane o if retired)		ND OF BUSINESS OR BUSINESS OR		11. BIRTHPLACE (County Dorchester				ZEN OF \ NTRY?		SA
13.	FATHER'S NAME AS	bury L.	Adams			14. MOTHER'S MAIDEN N Julie E		Ley				
15. (Ye	WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes gi	ARMED FORCES? ive wor or dates af s	ervice) 16. S	ocial security no. Unk		NFORMANT . Orville F	hillip	Address os, Churc		ek,	Md.	
	18. CAUSE OF DEATH (En PART I. DEATH WAS	CAUSED BY:	Don	(a), (b), and (c).)	nia						T AND D	
	1538	AMEDIATE CAUSE (o) DUE TO		0110110 0110 0110		13 12-						
	Conditions, if ony, which o	gave) (b)	Ca	rcinoma of	the	colon with	exter	nsion to	the	6	mo	nths
	rise to immediate couse stating the underlying colors.				1			blad	der		6	
	PART II. OTHER SIGNIFICAN			O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COM	IDITION GIVEN	N IN PART 1(a)		19. V	VAS AUTO	PSY
TION										YES	ERFORM	ED?
CERTIFICATION	20a. ACCIDENT WAS UNDER! OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Port	II of item 18.)		1		
MEDICAL	20c. TIME OF INJURY Mar Haur a.m. p.m.		20d. 1N. While at wark	- Nat While -		E OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(City ar town)	(Coun	nty)	(State)
	21. I certify that	(I) (this haspi	tal) attend	led the deceased fro	mOc	tober 24 , 1 death accurred at	9 66 , to	October	31, 196	6, tha	t (I) (we) la
	saw the deceased	d alive an Oc	tober	31 19 <u>66</u> , an	d that	death accurred at	1:40PM	, fram causes o				labav
	220 SIGNATURE	nto	nel	m	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF NHYS.	22b. DAT	31/6		
	Z2c. PHYSICIAN'S NAME (Type) Dr	. A. C. I	Mitche	11		22d. ADDRESS Deer's	Head	State Ho	spita	1		
230	BURIAL, CREMATION, REMOVAL (Specify)	Nov 3 19		23c. NAME OF CEMETER Dorchester		REMATORY morial Park		ATION (City or Town	,	County) Land	,	tote)
24	FUNERAL DIRECTOR	4	10	ADDRESS	1,		BY REGISTRA	AR 2Sb. REG	ISTRAR'S SIG			

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ا مل			14898	CERTIFICA	TE OF DEATH		14901
ant nd nd earl	200	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institut	ion: Residence befare admission)
r d			a. COUNTY Wicomico	MARYLAND	o. STATE Mary	land b. coun	Wicomico
offe offe			b. CITY OR TOWN (If autside carporate limits,			itside carparate limits, write RUF	
ours after death. by the funeral pours after death.			write RURAL and give nearest tawn) Salisbury		Salis	Shiimr	00.1
hou hou s.		-	d. NAME OF HOSPITAL OR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS	soury	e. IS RESIDENCE ON A FARM?
requires that the death certificate be executed within 24 hours after death a physician. I signed by the attending of yesician and completely filled in by the funeral burial-transit permit. Lien please remove carbon papers. Pages 1 and burial-transit permit, Lien please remove carbon papers.	80		Peninsula Gener		1017	E. Church Stre	et ON A FARM?
iffi if No.			NAME OF Firs	t Middle	Q Last	4. DATE Mont	
completely nove carbon y event, wi			ORA (Type or print)	BELL	TOWELL	DEATH OCTO	BER 28 1966
mplet re car event,		S. ,	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
nd col		1	-EMALE WhitE	WIDOWED TO DIVORCED	April 24,189	1 75 yrs.	Months Days Hours Min.
and rem			. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ficate by ysician please oil, and i			ing most of working life, even if retired) House work	at home	Worcester	County, Maryla	ana US.
fica ysic ple ple		13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
th certification of the certif	2.6		William T. Hales		Lucinda 1	lownsend	
宝 宝 =			WAS DECEASED EVER IN U.S. ARMED FORCES?		7 INFORMANT	Addre	55
attend permit: ion, or r		(76	(If yes give war or dates of	service	299 Lincol	n Washburn (Da In Ave. Salis)	hurv Maryland
that the d an. by the atternansit perr		H	18. CAUSE OF DEATH (Enter only one cause	e per line for (a), (b), and (c).)	2/ 27100.	11 22 () 2 2 2 2 2 3	INTERVAL BETWEEN
equires that the physician. signed by the burial-transit burial, cremat			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Marine 1 11 1	al unfan	cter	ONSET AND DEATH
the py transcreen			4201 DUE TO	,	_ /		2
physici physici signed burial-t burial,			Conditions, if ony, which gave	6) allerooclers	rece-V	1 Iseanes	
equire physic signed burial burial			rise to immediate cause (a), DUE To				
w r Jing een een the r to	38	69		(c)			
The law rattending e has been use as the			PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
두 b 수 s 壬	0	CERTIFICATION	Dialista	mellitus			PERFORMED?
JAN: That or all ficate he for use Health		FIG	20g. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II af item 18.)	
The same time		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	· N/A			
G PHYSICIAN: the hospital or this certificate detached for a		CAL	20c. TIME OF INJURY Month, Day, Year		PLACE OF INJURY (Home, farm	, 20f. (City ar tawn)	(County) (State)
0 d + + 00		MEDICAL	Hour a.m.		factary, street, office bldg., etc.)		
			2.111.	ital) attended the deceased fram		948 to 10/2	19 <u>6</u> , that (I) (we) la
PATO			saw the deceased alive an	19 / and t	hat death accurred at	1430 M. fram rauses	and on the date stated abov
OR ATTENE be retained DIRECTOR: A ge 3 should led with the			22g. SIGNATURE	001			22b. DATE SIGNED
REC 3 s 3 s 4 will			Williams	hay	M.D. PHYS.	MED." DIRECTOR PHYS.	Oct. 28/1966
y be old			22c. PHYSICIAN'S		22d. ADDRESS		
RAI P	1		NAME (Type) WILLIAM	(SRAY	334 Camde	n Ave. Salish	oury, Maryland
TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC director, page 3 should be filed wi		230	. BURIAL, CREMATION, 23b. DATE THER	REOF 23c. NAME OF CEMETERY (OR CREMATORY	23d. LOCATION (City or Tox	wn) (County) (State)
Pag Pag dire sho	1	34	REMOVAL (Specify) Oct. 30.	1966 Wicomico Me	morial Park	Salisbury, 1	Larvland
	m	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'I	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	b		HOLLOWAY & COMPANY,	SALISBURY, MARYLA	IND DATE NO	OV 2 1986 &	Charles Judge

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MAKILAND STATE DEPARTMENT OF REALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

[N]	14899 CERTIFICA	TE OF DEATH	14902
er deaff	1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resi	dence before admission)
ours affe	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Salisbury	c. CITY OR TOWN (If putside corporate limits, write RURAL and	
172 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ia i	Peninsula General Hospital 3. NAME OF First Middle	Lost 4 DATE Month	Dov Year
int, wi	(Type or print) JOSEPH EPWARD	PURNELL OF OCTOBE	R 221966
iny eve	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	May 19, 1890 76 yrs. Month	
should be filed with the Stote Dept. of Heolth prior to burial, crematian, or removal, and in any event, within 72 hours after death	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	BERLIN MO	COUNTRY?
mova	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ELIZABETH MASS	SY .
ın, or re	(Yes, no, or unknown) (If yes give war or dotes of service)	7. INFORMANT Address	BERUN MO
ematio	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Emboli	ONSET AND DEATH
ırial, a	Conditions, if ony, which gove rise to immediate couse (a),		+ few +
or to be	stoting the underlying couse DUE TO (c)		Munules
olfh pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
t. of He	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DEATH OR CONTRIBUTING AND ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIB	ED. (Enter noture of injury in book I or Port II of item 18.)	
ote Dep		foctory, street, office bldg., etc.)	(County) (Stote)
the St		that death occurred at 9AM, from causes and ar	9—, that (I) (we) last the date stated above.
ed with	220. SIGNATURE Paris Silver	M.D. PHYS. DIRECTOR PHYS.	DATE SIGNED
d be fil	22c. PHYSICIAN'S DAVGO GILMORE	22d. ADDRESS	
shoul	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY	LS CEMETER BERING	(County) (Stote)
(4) (B)	24 FUNERAL DIRECTOR A. Buby Beller	DATE OCT 25 1956 CCL	rles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2

ookmes! WILL SELLS Letingol tenenet despited

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

19300	CERTIFICATE	OI DEAIL		14900
1. PLACE OF DEATH		2. USUAL RESIDENCE (WI	here deceased lived, if institution: Re	
d. COUNTY Wicomico	MARYLAND	o. STATE Maryla	and b. COUNTY	icomico
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		side carparate limits, write RURAL and	
write RURAL ond give nearest tawn) Salisbury	9/27/66	Eden		22.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS	ACTOR DESCRIPTION	e. IS RESIDENCE ON A FARM?
Peninsula General	Hospital	R.D. #	¥1	YES NO
3. NAME OF First	Middle		4. DATE Month	Day Year
OECEASED (Type or print)	EmoR4	Pusey	OF DEATH October	10 1966
6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
Female white widow	VED DIVORCED	November 11,	1891 Tuyrs. Mont	ths Oays Haurs Min.
0o. USUAL OCCUPATION (Give kind af wark dane luring mast af warking life, even if retired)	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, ar fareign country)	2. CITIZEN OF WHAT
House Work	INDUSTRY none	Worcester	County, Maryland	d USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Emory A. Pusey		Virginia	Townsend	
IS. WAS DECEASED EYER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	nd \
(Yes no, ar unknown) (If yes give war or dates af service)		R.D. #I. Ed	ee Pusey (Husbar len, Maryland	na)
1B. CAUSE OF DEATH (Enter only one cause per line	far (a) (b), and (c).)	11/1	11	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ter isclarate	e Herry	Vexen	ONSET AND DEATH
4200 DUE TO				
Canditians, if ony, which gove) (b)				
stoting the underlying cause DUE TO				
ast. (c)				
PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Themas Carce	norvatores			YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m.	D. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	rt I ar Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A			
20c. TIME OF INJURY Manth, Day, Year 20	/hilo Not While facto	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
p.m. 17 at	wark 🔲 at wark 🔲	2/	11	
21. I certify that (I) (this hospital) at				1966, that (I) (we) las
saw the deceased alive on	19.66, and that	death accurred at_	M, from causes and o	
22a. SIGNATURE	~		NED. STAFF	b. DATE SIGNED
22c. PHYSICIAN'S	M.D	PHYS. D	IRECTOR L PHYS. L (Oct. 10 /1966
NAME (Type) DAVID J.	GILMORE		y. Maryland	
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)				County, Marylan
24. FUNERAL DIRECTOR	Olivet Cemete		BY REGISTRAR 2Sb. REGISTRAI	
HOLLOWAY & COMPANY, SA				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after_death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-ceatificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

The table of the same of the s

retination for the first that the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-FOR S			14901	MED	ICAL EXAMINER	'S CERTIFICATE	OF DEATH	14904
HEALTH	DEPT		PLACE OF DEATH					ution: Residence befare admission)
y delay is ond 3 to M3. Page	2=		Wicomico		MARYLAND	o. STATE Mary.		Wicomico
d 3	de		 CITY OR TOWN (If autside carparate write RURAL and give nearest taw 	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside carporate limits, write R	
any dela , 2, ond ; n PM3. P	rtn ter		Rural Salis			Rura	l Salisbury	22-1
2,7	of g		. NAME OF HOSPITAL OR INSTITUTION		give street address)	d. STREET ADDRESS		e. IS RESIDENCE
es 1, form	DO DUTS		Naylor Mill	Road		Naylo	or Mill Road	ON A FARM?
after death. If a 8. Give Pages 1, along with form	with the State Department of within 72 hours after death.		NAME OF	First	Middle	Last	4. DATE Mo	nth Day Year
de l	the 7		DECEASED Type or print)	ESSEL	EDISON	SHARP	OF DEATH Octobe	r 3 1966
after (8. Give	with	S.			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	7 × ×	1	Male White	WIDOWED	DIVORCED	Feb. 15,19	903 63 yrs.	Manths Days Haurs Min.
24 hours in Item 18	land2		USUAL OCCUPATION (Give kind af working mast of warking life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Sta	te ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
5 2	ges any		Barber	Ba	rbering	Illinoi		USA
i ci ii	poges in any	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
nould be executed within 2 word "pending" in pencil is the Chief Medicol Exominer'	File and File	7	Walter Sharp			Della S		
executed vending" in Medicol Ex		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FO s, na, ar unknawn) ((If yes give wor ar o	lator of convice)		7. INFORMANT Mrs. Eliza	beth Hastings	(Daughter)
ing	permit.	Ĺ	No -		21-16-3723	717 Jeffer	beth Hastings son St., Salisb	
be execute "pending" ief Medico	ansit permit. or removol,		1B. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B)	ne cause per line for	(a), (b), and (c).)	00	- /	ONSETVANT DEATH
be ''pe hief	ans		IMMEDIATE		eranon	Ocelus	~~	Constitution of the consti
old ord	o buriol-transit cremation, or re		4201	DUE TO	9			
	urie		Canditians, if any, which gave rise to immediate cause (a),	(b)				
d to	o e		stoting the underlying couse	DUE TO				
fico fing rde	as (in		last.	(c)				
s certificote should e, writing the word forwarded to the Ch	used as burial, a	×	PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
e e	be u	CERTIFICATION	Pin	الكالك	melli			YES NO 🔀
INER: This e certificate, should be fo	- io	RTIFI	20o. EXTERNAL CAUSE WAS PRIMARY \(\sqrt{\text{ar}} \) or CONTRIBUTING \(\sqrt{} \)	20b. Di	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Part I ar Part II af item 18.)	
cert ould	our files. ge 3 should ogent, prior		CAUSE OF DEATH.					
AIN he	+ co =	MEDICAL	20c. TIME OF INJURY Manth, Day, Y Haur a.m.	ear 20d. I While		PLACE OF INJURY (Home, fo factory, street, office bldg., et		(County) (State)
EXAMINER: tute the cert oge 4 should	your Poge d oge	M	p.m.	19 at war		ractary, sneet, ornice blag., et	··/	
AL EXA execute or. Poge	retained tor your your properties to be signoted its designoted		21. I certify that I took o	-			, Inspection 💢, Inc	juiry 📆, and in my apinian
Z &	CTO igni		death resulted frame. N	atural causes	Accident,	uicide 🔲, Hamicid	e, Undetermined r	manner 🗌
MEDIA olease directo	DIRECT brained ts design		ACTUAL	1		CHIEF MEDICA		22. DATE SIGNED
A Ple	its its		SIGNATURE	-12	2	M.D.	EDICAL EXAMINER	22. DATE SIGNED
	5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S Dr. Ear.	-	2		CAL EXAMINER et, city, town, or county)	October 4 /1966
DEF cess fu	FUN FUN Salth	22		len Ave.	Salisbury 1	Abd. C.	et, city, town, ar caunty) 23d. LOCATION (City or T	
5 g # 2	4 0 P	230	REMOVAL (Specify)			/ '	· ·	, ,,,
	OP	24	Burial Oct	.6, 1966	Manokin Ge	metery (ESP.)	D BY REGISTRAR 25b. F	nne. Maryland
VR /	A15ME (5)	24		DANIV CAT	ISBURY, MARYI		OCT 5 1966	Charles Judge
6.	M 1/66		TIOTHOUGHT OF COLVE	TENCE & TANKE	LODUKI, WARYL	AND DATE	DUI U IOUU	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

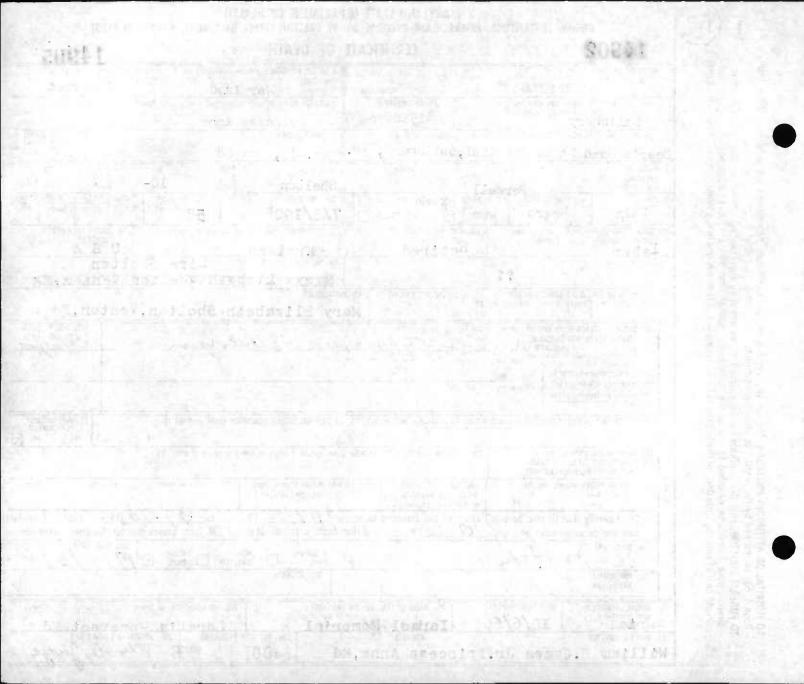
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14902	CERTIFICATE	OF DEATH		14905			
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution				
a. COUNTY WICOMICO	MARYLAND		ryland b. COUNTY	Somerset			
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL	and give nearest tawn)			
write RURAL and give nearest town) Salisbury	15 days	Prince	ss Anne	19.2			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Deer's Head State Hospital	L, Salisbury, Md.	Rt. #3, B	ox 68	YES NO			
3. NAME OF First	Middle	Last	4. DATE Manth	Day Year			
DECEASED (Type or print) Pernell		Shelton	OF DEATH 10-	4 19 66			
S. SEX 6. COLOR OR RACE 7. MARRII	ED TENEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.			
Male Negro WIDOW	ED DIVORCED	7/5/1908	58 birthday)	Manths Days Haurs Min,			
10a. USUAL OCCUPATION (Give kind of work dane 10b.	. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT			
during most of working life, even if retired)	Retired	Mrytan	đ	COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN		elten			
77		MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
		INFORMANT	Address				
(Yes, na, ar unknawn) (If yes give war ar dates af service)	Ma	rv Elizab	eth Shelton,	Venten, Md			
18. CAUSE OF DEATH (Enter only one cause per line	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) DUE TO							
Canditians, if any, which gave) (b)	Conditions if any which cave >						
rise to immediate cause (a), (DUE TO							
stating the underlying cause (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19.						
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	THE RESERVE OF THE PARTY OF			19. WAS AUTOPSY PERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING □ 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Manth, Day, Year 20c	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm	20f. (City ar tawn)	(Caunty) (State)			
Haur a.m. W	hile Nat While fact	ary, street, affice bldg., etc.)					
p.m. UTWOK CO UTWOK							
21. I certify that (I) (this hospital) attended the deceased fram 9/19/4, 19 to 19/3/4/9, that (I) (we) last saw the deceased alive on 9/19/4, and that death accurred at 4:33 M, from causes and an the date stated above							
SOW THE DECEDSED DIVE OF THE TAXABLE PROPERTY.	226 MONATURE C 27b. DATE SIGNED						
				22b. DAJE SIGNED			
	M.I	D. ATTENDING D	MED. STAFF PHYS.	22b. DATE SIGNED 4 6 6			
220. SIGNATURE Smitchey 22c. PHYSICIAN'S	WI	D. PHYS. 22d. ADDRESS		22b. DAJE SIGNED 19 14 16 6			
200 SIGNATURE Inthy	M.I	D. PHYS. L		22b. DATE SIGNED 1914/66			
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF	M.I 23c. NAME OF CEMETERY OR	D. PHYS. L. 22d. ADDRESS		19/4/66			
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL (REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS. PHYS. 23d. LOCATION (City or Town	(County) (State)			
22c. PHYSICIAN'S NAME (Type)		CREMATORY	23d. LOCATION (Gity or Town Loretta So BY REGISTRAR 25b. REGIS	19/4/66			



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please camove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and it any event, within 72 haurs after death

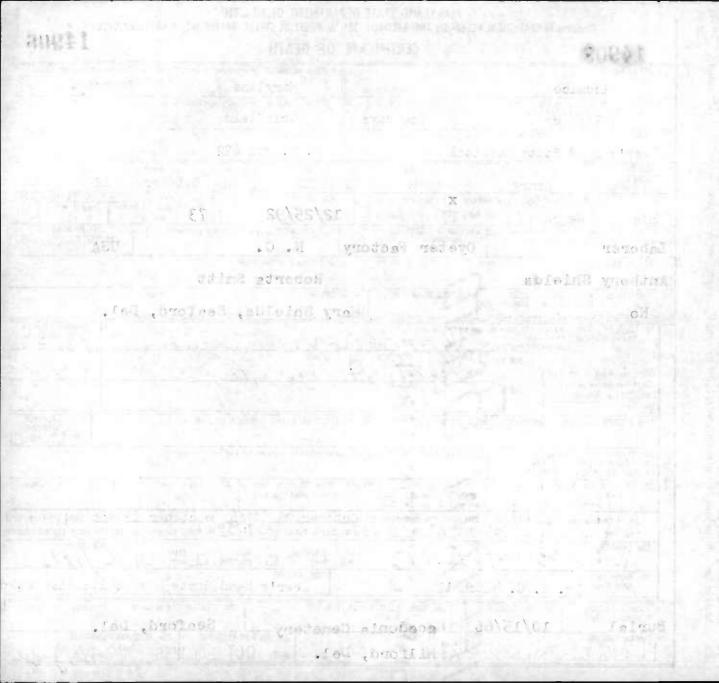
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

CERTIFICATE OF DEATH

14906

14303						
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
a. COUNTY Wicomico	MARYLAND	o. STATE Maryland b. COUNTY Somerset				
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16		utside corparate limits, write RUI			
write RURAL and give nearest tawn) Salisbury	660 days	Crisfield		19.2		
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
Deer's Head State Hosp	ital	P. O. Bo	x 622	YES NO		
3. NAME OF First	Middle	Last	4. DATE Mont			
DECEASED (Type or print) Henry	M S	HIELDS	DEATH OCTOBER			
S. SEX 6. COLOR OR RACE 7. M.	THE PARTY OF THE P	B. DATE OF BIRTH	9. AGE (In years Jost birthday)	Months Days Hours Min.		
Male Negro WI	DOWED DIVORCED	12/25/92	73 yrs.			
1Da. USUAL OCCUPATION (Give kind af work done	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT		
during most af working life, even if retired)	Oyeter Factory	N. C.		USA COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Anthony Shields		Roberta Smitt				
15 WAS DECEASED EVER IN ILS ARMED EORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	ess		
(Yes, no or unknown) (If yes give war or dates of servi	Ma Ma	ry Shield	s, Seaford,	Del.		
1B. CAUSE OF DEATH (Enter only one cause per				INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	Bonds	a Danie	I amonda	ONSET AND DEATH		
35 X X IMMEDIATE CAUSE (d)	MMEDIATE CAUSE (0)					
Conditions if any which agus >	Conditions if any which came >					
rise to immediate cause (a),	1 11	- vigo	Maga.	100		
stating the underlying cause						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING TO DEATH BUT NOT BELATED TO T	UF TERMINAL DISEASE COL	NOTION CIVEN IN DART 1(a)	19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT KELATED TO TO	HE TERMINAL DISEASE CO	NUMBER IN PART I(U)	PERFORMED?		
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL FYAMINED			0 11 0 18 (2 10)	YES NO		
E 200. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Part II of Item IB.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Home, form ary, street, affice bldg., etc.		(Caunty) (State)		
p.m. 17	at wark ot wark					
21. I certify that (I) (this hospital) attended the deceased framOctober 20, 1961, toOctober 12, 1966, that (I) (we) last saw the deceased alive on October 12, 1966, and that death accurred ot 2:25PM, from causes and an the date stated above.						
22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED						
arry	Will M.D	PHYS.	DIRECTOR PHYS.	10/13/66		
22c. PHYSICIAN'S		22d. ADDRESS	Wood State Woo	spital, Salisbury, M		
NAME (Type) Dr. A. C. Mi	tcnell	Deer's				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or To	wn) (County) (State)		
Burial 10/15/6	6 Macedonia C	emeter	Seaford	Del.		
24. FUNERAL DIRECTOR	ADDRESS	29d. REC'	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE		
the Osamo Nint	Milford. D	el. DATE	OCT 18 1966	Minley Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY Wicomico h COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital NO 3. NAME OF Middle Lost 4. DATE Doy Year OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH last birthdoy) Months Doys Hours M DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. **INFORMANT** (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES [NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. While Not While foctory, street, office bldg., etc.) ot work ot work . 19 @ that (1) (we) last 21. I certify that (I) (this hospital) attended the deceosed fram_ 19 46 to and that death occurred at 730 M, from causes and an the date stated above. saw the deceased alive on 19 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE ADDRESS. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charley DATE []

campletely filled in by the funeral nave carbon papers. Pages 1 and 2 weent within 72 haurs after degith.

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signed

TO FUNERAL DIRECTOR: After this certificate has been

attending physician.

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The law requires that the death certificate be executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Anne Arundel a. COUNTY Maryland Wicomico MARYLAND executed within 24 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 29 days Edgewater Salisbury IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Southdown Shores YES \square NO X 764. Rt.3 Deer's Head State Hospita Box Day 3 NAME OF Middle DATE Year DECEASED 19 66 October 20 DEATH Type or print James IF UNDER 1 YEAR I IF UNDER 24 HRS. AGE (In years 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Haurs WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificate 14. MOTHER'S MAIDEN 13. FATHER'S NAME 16. SOCIAL SECURITY NO INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? #2 (Yes, na, ar unknawn) (If yes give war ar dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Bronchopneumonia hours IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Acute tracheobronchitis 36 hours Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be aetached far use as the State Dept. af Health priar ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IFICATION (Basilar artery thrombosis ?) YES X NO After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (State) (City ar tawn) (Caunty) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. Nat While at wark 21. I certify that (1) (this haspital) attended the deceased from Sept. 1966 toOctober 20 1966, that (I) (we) lost directar, page 3 shauld shauld be filed with the saw the deceosed alive an October 20 19 66, and that death accurred at 6: 20 AM, fram causes and on the date stated above. O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATU E STAFF 10/20/66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md NAME (Type) C. H. Winnacott Dr. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BURIAL CREMATION 23a. 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

Service of the Control of the Contro Service Afford the Mississippe of the Mississippe o

certificate be executed within 24 haurs after death.

PHYSICIAN: The law requires that the death

24 FUNERAL DIRECTOR

REMOVAL (Specify)

25b. REGISTRAR'S SIGNATURE

1 to Cict

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2 HISHAL DESIDENCE (Where despeed fixed if institution, Posidore hefere admission)

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)							
	o. COUNTY Wicomico MARYLAND		o. STATE Maryland b. COUNTY Worcester						
H	b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	write RURAL and give nearest town)		Snor	w Hill	12.1				
-	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	N II-	e. IS RESIDENCE				
,				- 0 100	ON_A_FARM?				
	Deer's Head State	Rt.		YES NO					
	NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year				
	(Type or print) Charlie		TAYLOR	DEATH October	27 1966				
S.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	DER 1 YEAR IF UNDER 24 HRS.				
	11000	DOWED DIVORCED	Uct. 17.1	905 6/ Yrs.					
	b. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	4		2. CITIZEN OF WHAT				
dur	during most of working life, even if retired) INDISTRY Workester COUNTRY?								
13.	EATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME					
	John H. La	estor	Bessie	Dale					
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	@ Address	11 al 4ml				
(Ye	es, no, or unknown) (If yes give wor or dotes of service	215-20-0559 6	aral Di	Intan Snow	HILL MICH				
-	18. CAUSE OF DEATH (Enter only one couse per		- Gold ox	JOHN R	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	Bronchopneumonia			ONSET AND DEATH				
-	MMEDIATE CAUSE (o)	Dr ouchoble amont			3 days				
	Conditions, if ony, which gove)	Congestive hear	foilume		2 3-				
	rise to immediate couse (a)	congestive hear	rallure		3 days				
	stoting the underlying couse DUE TO								
	last. (c)	Subarachnoid her			1 month				
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(o) para	Lysis WAS AUTOPSY PERFORMED?				
MEDICAL CERTIFICATION					YES NO				
E	200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
E.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
3	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, for		(County) (Stote)				
SE SE	Hour o.m.		ory, street, office bldg., et	c.)					
D. TILL									
	21. I certify that (I) (this hospital) attended the deceased from October 24, 1966, to October 27, 1966, that (I) (we) sow the deceased alive an October 27, 1966, and that death occurred at 9:35PM, from causes and on the date stated about								
	220. PHYSICIAN'S 220. ADDRESS ATTENDING DIRECTOR PHYS. V 10/28/66								
	NAME (Type) Dr. C. H. W	libnacott	Deer's	Head State Hospi	tal				
230		23c. NAME OF CEMETERY OR	CREMATORY	23d. AOCATION (City or Town)	(County) (Stote)				
230	QREMOVAL (Specify)								
1	24 FUNERAL DIRECTOR 250. RECID BY REGISTRAR'S SIGNATURE								
1	MADIA KIRS								
	Sorella & Jolley Satisting, md DATE NOV 1 1966 "Charles Judge								

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THE PROPERTY OF THE SHAPE THE SALES FOR

Oct. 19,1966

ADDRESS

Federalsburg, Md.

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Framptom Funeral Home,

5 moy be TO FUNERAL Heolth or i VR A15ME (5) 6M 1/66

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Shirley Harris, Hebron, Md., RFD #1 INTERVAL BETWEEN MINUTES AND DEATH WAS AUTOPSY PERFORMED? YES X NO (County) (Stote) Sharptown, Wicomico, Md. Inspection A Inquiry and in my apinian Undetermined manner 22. DATE SIGNED October 17, 1966 Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) John Wesley Cemetery Mardela Springs, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1966

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bytection and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removat, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution: b. COUNTY	Residence before admission)		
Wicomico	MARYLAND	Mary		comico		
b. CITY OR TOWN (if outside corporate write RURAL and give nearest town	limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RURA			
wite kokke and give nearest town		Willards 22./				
	(if not in hospital, give street address)	d. STREET ADORESS	10105	e. IS RESIDENCE		
R.D. Mt. Plea	and Dona	D II	Wt Discount David	ON A FARM?		
3. NAME OF FIRE		Last	Mt. Pleasant Road	YES NO Day Year		
DECEASED			OF			
(Type or print) NAME 5. SEX 6. COLOR OR RACE I		TIMMONS	DEATH October	31 19 66		
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	Days Hours Min.		
Female White	WIDOWED DIVORCED	Aug. 23,1888	/0 yrs. 2	Ö		
1Da. USUAL OCCUPATION (Give kind of workd during most of working life, even if retired	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou		OUNTRY?		
Housewife		R.D. Pitt		SA		
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
Edward H. Warren		Julia Par	rsons			
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give war or dates of	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Temps	s D. Timmons (Husb	and)		
(11 Jes give mai of dates of	xer (tee)		sant Rd., Willards			
18. CAUSE DF DEATH [Enter only one	cause per line for (a), (b), and (c), }	200. 2.200.	Janu Marianto	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH		
F 9 Y IMMEDIATE CAUSE (a) Gents Carana b) Che Myour	ry				
3 7 d / DUE T	0 01 2.	· · · ·		10mi		
Conditions, If any, which gave rise to immediate	b) Am Myour	delis				
cause (a), stating the DUE 1						
underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
1CA				YES NO		
PART II. OTHER SIGNIFICANT CONDITION 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMIN	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of I	Injury in Part I or Part II of item 18	3.)		
OR CONTRIBUTING CAUSE OF DEATH	ER) N/A					
3 2Dc. TIME OF INJURY Month, Day, Y	ear 20d. INJURY OCCURREO 20e. PLA	CE OF INJURY (Home, fari	m, 2Df. (City or town) (Co	unty) (State)		
ZDc. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19	While Not While at work	ory, street, office bidg., etc)			
	tal) attended the deceased from) (- 10)	6c, to Coct 31-, 196	/ that /l\ (wa\ last		
saw the deceased alive on			M, from the causes and on t			
22a. SIGNATURE	22 24 = 13 4 to , and the	t death occorred at z_		DATE SIGNED		
Chan R	Law M.		EO. STAFF NOV	. / /1966		
22c. PHYSICIAN'S		22d. ADDRESS				
NAME (Type) Dr. Char.	les R. Law	103 Broad	St., Berlin, Mary	land		
23a. BURIAL, CREMATION, 23b. DATE TI	HEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or co			
REMOVAL (Specify)			Worcester Count			
24. FUNERAL DIRECTOR	ADDRESS		O BY REGISTRAR 25b. REGISTRAR			
	, SALISBURY, MARYLANI	N		arles Judge		
		DATE	1 000	1		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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RAI		E OF DEATH					A STATE			lived, if institu	NTV			วก)
階	1	Wicomi			MARYL		1	Waryl			Wi	comi		
-			autside corparate limit give nearest tawn)	s,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	WN (If out:	side corparate	limits, write RU	IRAL and giv	ve neorest	town)	
		Salisi					4	Salis	bury			22	1	
	d. NA	AME OF HOSPITA	L OR INSTITUTION (If no	ot in hospital,	give street address)		d. STREET ADI	DRESS	142			6	ON A F	DENCE ARM?
20	9	Penins	sula Gene	eral H	ospital		(616 E	. Churc	h St.		١		NO 🔀
	3. NAM	NE OF EASED	Fi	rst	Middle		Last		4. DATE OF	Man		Day	Ye	
	(Түре	e ar print)	Joh	n	. J.		loach		DEATH	Oct	ber	8		66
	S. SEX	1/0	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	님	DATE OF BIRT			GE (In years ast birthday)	Man ths	Doys 13	Hours Hours	Min.
			(Give kind of work done		IND OF BUSINESS OR				State, ar fareig	-		TIZEN OF	WHAT	_
	during m	nost af warking l	te even if retired)		DUSTRY Limployed.				lew Jer		CC	JUNTRY?		
	didick	HER'S NAME	,				14. MOTHER'S				,	72,000		
			John Toad	ch			Mary	I	ancos					
	IS. WA	S DECEASED EVER	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	CODMANT			Addr	ezs			
	(Yes, na	ı, ar unknawn) I	If yes give wor or dates of	of service) 2]	7-14-8697		616 E.	Chur	ch St.	h (Wife	111777	Mary	land	
			ATH (Enter anly ane cau			1	010 11	Ollur	011 50.		MI V		RVAL BET	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE		Carci	ur	une _	_ 0	カゴ	nu	-		ET AND D	
	163X DUE TO													
		nditions, if ony,		(b)								123		
	rise to immediate cause (a), Stating the underlying cause DUE TO								/				-775	
	last	3	ying cause	(c)		300								
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						19. YE	WAS AUTO PERFORM	OPSY ED? NO					
	IFICATION 200	a. ACCIDENT WAS	IINDEPLYING 🗆	20h DE	SCRIBE HOW INJURY OC	CURRED (Fr	nter nature of	inistry in Po	art Lar Part II	of item 18)			٠	<u> </u>
	OR OR	CONTRIBUTING	CAUSE OF DEATH					,,						
			MEDICAL EXAMINER) RY Month, Day, Year	204 1	N/A NJURY OCCURRED	20e PLACE	OF INJURY (H	ame farm	20f. (C	City ar town)	100	unty)	-	Stote)
	MEDICAL 200	Haur a.m	. 10	While	Nat While		, street, affice			,	_	//		,
	-	p.m	•	ot war		fram.	4/2	// 10	66. to	10/	7 10	66th	at (1) (ua) las
			ceased alive on		ded the deceased to	nd that	1			rom couses				
	22	a. SIGNATURE	ceased unive on	-		/	/	/	71	/		DATE SIGNE		
		4	14/14	15	De Mi	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.	Oct		8 /1	966
	22	c. PHYSICIAN'S					22d. ADD	RESS						
1		NAME (Type)	William,	B. S	mith		Sal	ishur	v. Mar	vland				
		URIAL, CREMATIO		EREOF	23c. NAME OF CEMET	ERY OR CR				10N (City or To	ıwn)	(County)	(S	tate)
		MOVAL (Specify)	Oct.	10,1966	Parsons	Ceme	terw		Sali	sbury.	Mary 1	and.		
X	24. FU	INERAL DIRECTOR		7 7 7 7	ADDRESS			2Sa. REC'D	BY REGISTRAR	2Sb. R	EGISTRAR'S	SIGNATUR		
Dr.	HC	LLOWAY	& COMPANY,	SALIS	BURY, MARYI	LAND		DATE ()	CT 11	1966	Mile	men	Que	4el

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. There please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

45 0 - HEALTH DEPT.

y deloy is

necessary, please execute the certificate, writing the word "pending" in pendin Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

5 may be retoined for your files.

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 should be used as o burial-tronsit permit. File pages lond 2 with the Stote Department of Heolth or its designoted agent, prior to burial, cremation, or removol, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14911

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14914

1. PLACE OF DEATH					here deceased lived, if institution: Resi	idence before admission)	
a. COUNTY	Wicomico		MARYLAND	o. STATE Mary	rland b. COUNTY	Wicomico	
b. CITY OR TOWN	(If outside corporate limit	is,	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL and		
write RURAL or	Salisbury			Soli	sbury	221	
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hospital, gir	ve street oddress)	d. STREET ADDRESS	Soury	e. IS RESIDENCE	
	Deers Head			612	Edison St.	ON A FARM?	
3. NAME OF		irst	Middle	Lost	4 DATE Month	Doy Year	
DECEASED		ille	J	Trader	0F 10.0		
(Type or print) S. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	DEATH	DER 1 YEAR IF UNDER 24 HRS.	
F	AA	WIDOWED [DIVORCED DIV	6-13-28	lost birthdoy) Month		
	ON (Give kind of work done		ID OF BUSINESS OR	11. BJRTHPLACE (State o		CITIZEN OF WHAT	
during most of working			USTRY	Selben	rille Del.	COUNTRY? S.A.	
13. FATHER'S NAME	1 6		0	14. MOTHER'S MAUSEN NA	AME	0	
Chus	and ?	Mara	hall	annie	Howare		
	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 17.	INFORMANT	Address	2	
(Yes, no, or unknown)	(If yes give war or dotes	of service)	8	odward 1	Jarshall - Nol	mase me	
18 CAUSE OF I	DEATH (Enter only one cou	use per line for (o), (b), ond (c),)	<i>y</i>	100000000000000000000000000000000000000	IMTERVAL BETWEEN	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	D- 2	lmonary embol	ນຮ		ONSET AND DEATH	
9814	981X DUE TO						
Conditions, if on	,		nshot wound o	f buttocks		28 days	
rise to immediate couse (o), stoting the underlying couse DUE TO						Lo dajo	
last.	erlying couse	(c)					
PART II. OTHER	DART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
NOL						PERFORMED? YES TO NO	
200. EXTERNAL C	AUSE WAS	20h DESC	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Pr	ort I or Port II of item 18)	123 🗶 110	
200. EXTERNAL C	ONTRIBUTING 🍱 📉		ot in buttock		· · · · · · · · · · · · · · · · · · ·		
	JURY Month, Doy, Yeor			ACE OF INJURY (Home, form,		(County) (State)	
Hour X	0-11-66 10			ctory, street, office bldg., etc.)		. ,,	
p	10 p.m. 7-41-00 ly of work of work lax Home PittsVille, Wicomico, Ma.						
	21. I certify that I taak charge af the remains described abave, held an Autopsy 4, Inspection 4, Inquiry 12, and in my apinian						
death resu	death resulted fram Natural causes, Accident, Suicide, Homicide, Undetermined manner						
ACTUAL	ACTUAL						
SIGNATURE	Earl L. Roy	M.		M.D.		tober 4, 1966	
EXAMINER'S NAME (Type)					city, town, or county)	горег 4, 1900	
23o. BURIAL, CREMAT		FREOF	Salisbury, Md		23d. LOCATION (City of Town)	(County) (Stote)	
REMOVAL (Specif		11	H100.10.1	a.	1. 1. 1	- Wice me.	
24. FUNERAL DIRECT	ACC 1	99	ADDRESS	25g REC'D	BY REGISTRAR 25b. REGISTRAR		
	Funeral Hom			DATE OC		weller Judge.	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14912			CERTIFICA	ATE	OF DEATH			149	115	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas			efare adn	nission)
	a. COUNTY	comico		MARYLAND		o. STATE Mary	land	b. COUNT	Wicon	nico	
		If autside carporate limits,		c. LENGTH OF STAY IN 1b	_	c. CITY OR TOWN (If ou		te limits, write RURA	L and give no	earest taw	n)
	write RURAL and	give nearest tawn)		85 days		Salisbur	7				,
-		Lisbury AL OR INSTITUTION (If not	in hasnital			d. STREET ADDRESS	<i>y</i>			I e IS	RESIDENCE
								31		ON	A FARM?
				al, Salisbur	`У.	102 E. I				YES	NO X
	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	3-73	Day	Year
	(Type ar print)	Webb		Callaway	1	RUITT	DEATH	October		12	1966
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	_	DATE OF BIRTH	9.	. AGE (In years	Months Do	AR IFU	NDER 24 HRS. urs Min.
	Male	White	WIDOWED	DIVORCED X		6/18/1900		lost birthdoy)			
		(Give kind af wark done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fa	reign country)	12. CITIZE	N OF WHA	AT
dur	ing most at warking		1N	meat		Danche	ten	Maruland	COUNT	VA .	
13	FATHER'S NAME	41		mair		14. MOTHER'S MAIDEN I		- Residence		<u> </u>	
10.		r G. Truitt			4	Katie 1	lau Ca	Monay.			
16			14	SOCIAL SECURITY NO.	17 IN	FORMANT	7	0	11		112
(Ye	es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of	orvice) .				T's 11		(lays	on J	7.
Ĺ	no		14	15-03-8097	אויו	. Nellie I	· nan	mona Lai	irel,	vel.	
		ATH (Enter anly one couse	per line for	(o), (b), and (c).)		7	11				ND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	(M	schnon	~	0/10-123	Take			OHSE! A	- DENTIT
	177	X DUE T		/ -		101	./				
	Conditions, if any		1 2/	Timen	1	mitas	men				
	rise to immediat stating the unde		0	ELLE / JAK					1216		
	lost.	Infinid coase)						3 13		
	PART II OTHER SI		·	TO DEATH BUT NOT RELATED	TO TH	E TERMINAL DISEASE CON	NDITION GIVE	N IN PART 1(a)		19. WAS	AUTOPSY
NOI	TAKE D. CHILL S.								A =	YES X	ORMED?
CERTIFICATION	DO ACCIDENT MA	C UNDEDLYING 🗖	L not no	SCRIBE HOW INJURY OCCUR	DED /E	nter nature of injury in	Port Lor Par	t II of itom 18)		ILI LA	<u> </u>
R	20a. ACCIDENT WA OR CONTRIBUTING	CAUSE OF DEATH	209. 01	SCRIBE HOW INJURY OCCUR	KLU. (L	mer nature at injury in	ron) or ron	in at nem to.)			
0		MEDICAL EXAMINER)				05.111111111111111111111111111111111111	1 00/	46.5	16	A	154-4-7
MEDICAL	20c. TIME OF INJI	JRY Manth, Day, Year	20d. II While			OF INJURY (Home, farm y, street, affice bldg., etc.)		(City or tawn)	(County	()	(Stote)
W	p.r	10	at war		100.01				10 3		
	21. I certi	fy that (I) (this hosp	itol) otten	ded the deceased from	m_Jı	ly 19 ,1	966 , 1	o October	12 1966	, thot ((I) (we) lost
	sow the d	eceased olive on Oc	tober	12 19 66, ond	thot	deoth occurred at	T5:30 H	I, from couses o	nd an the	date st	ated abave.
220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF										1	
M.D. PHYS. DIRECTOR LIPHYS.									10/	151	66
	22c. PHYSICIAN'S			22d. ADDRESS				2 . 2	26.5		
	NAME (Type	Dr. A. C.	Mitche	ell		Deer's He	ad Sta	ate Hospi	tal,Sa	TISDI	ury, Mo
230	BURIAL, CREMATIC	ON, 23b. DATE, THER	EQF	23c. NAME OF CEMETERY	OR CI	REMATORY	23d. LO	CATION (City or Town	n). (60	unty),	(State)
	BEMOYAL Specify	10/15	1966	Fireman's	/	meteru	She	uptoun	Maryle	and	
24	1. FUNERAL DIRECTO	ND.	-	ADDRESS		46	BY REGISTR	RAR 2Sb. REG	ISTRAR'S SIGN	ATURE _	
	MAURICE	E. NEWNAM.	& SOW	, Sharptown,	Mc	DATE C	ICT 1	7 1966	Milan	les of	udge.

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mesan las	sail size (Med a transit)	Cludes Cludes	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14916

		The second second										
		PLACE OF DEATH					2. USUAL RESIDENCE		eosed lived, if institu b. COU	NTV		
		Wic	omico	1	MARYI			land		Some	erse	
H	t	b. CITY OR TOWN (write RURAL on	(If outside corporate limit d __ give_neorest_town)	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		orote limits, write RU	RAL ond give	neorest	town)
2		Sal	isbury		8 days		Mari	.on			/	9.2
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g		give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
1	Deer's Head State Hospital						Box	152			YI	ES NO
		NAME OF DECEASED	F	rst	Middle		Lost	4. DAT	E Mon	th	Doy	Year
	((Type or print)	Atwood	i	Rufus		TURNER	DEA	TH October		25	1966
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months 1	YEAR Doys	Hours Min.
		Male	Colored	WIDOWED	DIVORCED		ug. 22.190	3	6.3 Yrs.			
			N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count	y & Stote, o	r foreign country)		ZEN OF \	WHAT
	aurii	La hor	(ine, even it renired)	IN	DUSIKI		Maryland			U.S	5. A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	15	Rufu	s Turner				Dollie	Ro rk	lev			
	15.	WAS DECEASED EV	FR IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. I	NFORMANT		Addr	ess		
- 1	(Yes	s, no, or unknown)	(If yes give wor or dates	of service)		Do.	llie Bark	1 011	Cnicfiel	a Wa	3	
		A : M	EATH (Enter only one co	ise per line for	(o), (b), and (c),)	11/1/	LIIG DELA	I S Y	OFISTIEL			RVAL BETWEEN
			TH WAS CAUSED BY:	0	~ come						ONSE	AND DEATH
	1	150)	IMMEDIATE CAUSE		The state of the s	row				1417		2 4470
-		Conditions, if ony		. 5.0	d'ini	10	arunoma	1	Enales	-1-1	2	?
	rise to immediate cause (a), stoting the underlying couse (b) DUE TO						w					
		stoting the under	erlying couse	(c)						-		
			IGNIFICANT CONDITIONS		O DEATH BUT NOT DELA	TED TO 1	HE TERMINAL DISEASE CO	INDITION G	IVEN IN PART 1(a)		119. V	VZ9OTUA ZAW
7	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T				THE TERMINAL DISEASE CO	nibilion o	THE IN TAKE I(O)			VAS AUTOPSY PERFORMED?	
~	A.	20o. ACCIDENT WA	AC LIMBERTAING C	201- 00	COIDE HOW INITIDY OF	CHIDDED	Enter noture of injury in	Port I or	Part II of item 10 \		1123	K NO
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. Dt.	SCKIDE HOW INJUKY OC	CURKLU.	cinei nointe or injury in	roll I of	roll if of field (b.)			
	AL C		MEDICAL EXAMINER)	1 004 14	JURY OCCURRED	00- DIA	E OF INJURY (Home, for	m. 201	(City or town)	· (Cour	nts.	(Stote)
	MEDICAL	Hour o.		While			ory, street, office bldg., etc		. (City of lowil)	. (COU	114)	(21016)
	E		m. 19	ot work	ot work						,	
		21. I cert	ify that (I) (this has	spital) attend	ded the deceased t	from_O	ctober 17,	19_66	, ta <u>October</u>	25, 1966	2, tha	it (I) (we) las
			leceased alive on_(october	25 19 66 , a	ind that	death occurred a	7:55	M, fram couses			
		220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED										
		M.D.					DIRECTOR PHYS. A 10/26/66					
		22c. PHYSICIAN'S NAME (Type	1	Matata	11		22d. ADDRESS		MALA ITANA	24.27	0-7	4 - 3 36
3			DI. A. U.	Mitche					State Hosp			
	230.	 BURIAL, CREMATI REMOVAL (Specify 		EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (City or To	wn) (County)	(Stote)
		Burial	10/29	/1965	Flower	H-	11	E	den .			Nd.
8	24	FUNERAL PIRECTO	DR AL	1	APORESS		2So. REC	D BY REGI	SIRAR 25b. RI	EGISTRAR'S SIG		
18	CE	inton	J. Slelle	est s	ales-	Im	DATE	NUV	3 1966	fina	rees	Junge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. There begin remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

vision of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTUN STREET, BAL	IIMURE, MARTLAND 21201
CERTIFICATE	OF DEATH	14917

DECEASED [Type or print] S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	16		
B. CITY OR TOWN (If outside corporate limits, write RURAL and give new Salisbury Salis	efore odmission)		
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streer oddress) Deer's Head State Hospital 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVO	ico		
Salisbury Adays	prest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Deer's Head State Hospital 3. NAME OF DECASED (Type of print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	2 - 1		
3. NAME OF DECEASED (Type or print) S. SEX Female Negro WIDOWED NIONCED NOWED NOWED NIONCED NEVER MARRIED NOWED NIONCED N	e. IS RESIDENCE ON A FARM?		
3. MANE OF DECEASED (Type of print) S. SEX OLOR OR RACE T. MARRIED NEVER MARRIED DIVORCED NONTHANACE (County & Stote, perfeyreign, country) 12. CITIZEN MONTHS DOUGHTS Address Cerebral Thrombosis DUE TO Conditions, if on y, which gove rise to immediate couse (a), stoting the underlying couse (b) stoting the underlying couse (c) (c) DIALE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Diatetes Mellitus 200. ACCIDENT WAS UNDERLYING DOUGHT (ETHER) control of unique in Port I or Port II of item 18.) OC CONTRIBUTING CAUSE OF DEATH (FETHER NOTHER MANIMAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DOUGHT (City or town) (Country of the part of th	YES NO		
S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED STATE OF BIRTH 9. AGE (In years is Hunder I years) FUNDER I YEAR MARRIED NEVER MARRIED STATE OF BIRTH 9. AGE (In years is Hunder) Months Do years is Hunder I years FUNDER I YEAR MOTHER'S NAME NOT HUNDER I YEAR MOTHER'S NAME NOT HUNDER I YEAR MOTHER'S MAIDEN NAME NOT HUNDER I YEAR MOTHER'S MOTHER'S MAIDEN NAME NOT HUNDER I YEAR MOTHER'S MOT	Doy Year		
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18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSE DRY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nise to immediate couse (o). stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diatetes Mellitus 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE (o). OR CONTRIBUTING CAUSE OF DEATH ([FEITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port III of item 18.) OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY Month, Day, Year Hour o.m. p.m. 19 Orl Work Orl While of work Orl While of work Orl While of work Orl Work			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nise to immediate couse (o), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diatetes Mellitus 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ([FEITHER, NOTIFY Medical Examiner) 20d. INJURY OCCURRED of work of twork	y) 12. CITIZEN OF WHAT COUNTRY?		
See Cause of Death (Enter only one couse per line for (o), (b), ond (c).	1		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	1		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost. DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost. DUE TO Due TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost. DUE TO Due TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost. Due TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse Lost III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Diatetes Mellitus 200. ACCIDENT WAS UNDERLYING CRONTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CRONTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Hour o.m.	1 101		
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Diatetes Mellitus 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 Otwork Otwork	and the second		
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of	19. WAS AUTOPSY PERFORMED?		
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased fram October 3, 1966, ta October 6, 1966 saw the deceased alive an October 6 19 66, and that death accurred at 200 M, fram causes and an the	YES NO		
21. I certify that (1) (this faspital) attended the deceased fram October 3 , 1966 , ta October 6, 1966 saw the deceased alive an October 6 1966 , and that death accurred at 6:00P M, fram causes and an the			
21. I certify that (1) (this faspital) attended the deceased fram October 3 , 1966 , ta October 6, 1966 saw the deceased alive an October 6 1966 , and that death accurred at 6:00P M, fram causes and an the	(Stote)		
saw the deceased alive an October 6 19 66, and that death accurred at 6:00P M, fram causes and an the			
220 SIGNATURE 22b, DATE	that (I) (we) las		
220. SIGNATURE ATTENDING MED. STAFF 22b. DATE.	date stated abave		
M.D. PHYS. DIRECTOR PHYS. DOCTOBE	er 7, 1966		
22c. PHYSICIAN'S 22d. ADDRESS			
NAME (Type) Dr. L. V. Maldve Deer's Head State Hosp. Salist	ury, Md.		
- PERSONAL (Specify) 10/18/66 With Alone & Clark. Meralding	unty) (Stote)		
24 JUNERAL PRECTOR 1250. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGN. DATE OCT 19 1966 Johnson	les Judge		

14141 SCHOOL SUCK MINE A STORY

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

CERTIFICATE OF DEATH by the funeral s. Pages 1 and 3 haurs after death executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH d campletely filled in by 1116.
ranban papers. Pages 1 an b. COUNTY o. COUNTY Maryland Cecil Wicomico MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) h81 days Salisbury d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Booth Street Deer's Head State Hospital NO X Middle 3 NAME OF First Last 4. DATE Month Day Year DECEASED WXXX Alverta WARD October 1966 Frances DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED 62 last birthday) Manths Days Haurs e attending physician and can permit. Then please remaver itan, or remaval, and in any ev 9/13/1904 WIDOWED X DIVORCED Female Negro 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) ATTENDING PHYSICIAN: The law requires that the death certificate be COUNTRY? during most of working life, even if retired) **INDUSTRY** Maryland Domestic None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ella Martin Horace Garrison IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Salis. 16. SOCIAL SECURITY NO. (Yes, ng. grunknawn) (If yes give war ar dates of service) Deer's Head State Hospital Md. signed by the atter burial-transit perm burial, crematian, o No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Pylongshortin Serve ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS)
PERFORMED? far use Health p YES X NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 2Dg. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (Caunty) (State) Haur o.m. Not While factory, street, affice bldg., etc.) State [at work TO FUNERAL DIRECTOR: After , 1965 , ta October 9 , 1966 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased framJune 15 be retained page 3 shauld e filed with the and that death accurred at 7:00 a.M., fram causes and an the date stated abave. saw the deceased alive an October 9 1966 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 10/10/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr director, po shauld be f C. Mitchell Deer's Head State Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 13/66 Providence Cemetery Elkton Marvland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 956 VR A15 (4) 20 M 1/66 DATE

delle tradizione delle service delle service delle service delle service delle service delle service delle ser Technical State County of Property County Co

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH completely filled in by the funerolove carbon papers. Pages Yand b. COUNTY d. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If gutside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) Salisbury d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) and in any event, within 72 YES | NO Peninsula General Hospital 3. NAME OF Lost 4. DATE Manth Day DECEASED 0F DEATH (Type or print) S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED physicion and compen please remove last birthday) Manths Days WIDOWED DIVORCED Temale 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar foreign country) COUNTRY? INDUSTRY during most of warking life, even if retired) HOUSEWITE 13. FATHER'S NAME or removal, the attending pacit permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unknawn) ((If yes give wor or dates af service) cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been detoched for use os the te Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION sanca YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

19 6

20c. TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED Not While at wark

20e. PLACE OF INJURY/(Hame, farm, factory, street, affice bldg., etc.)

22d. ADDRESS

(City or tawn)

(State)

(Stote)

21. I certify that (1) (this hospital) attended the deceased from

MEDICAL

Sond that death accurred of is

19 Shot (I) (we) lost M, from couses and an the date stated above.

22b. DATE SIGNED

(County)

sow the deceosed olive on 22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL CREMATION. REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

M.D.

DIRECTOR

STAFF

23d. LOCATION (City or Town)

director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR ADDRESS

23b. DATE THEREOF

25a. REC'D BY REGISTRAR DATE (

2Sb. REGISTRAR'S SIGNATURE

Marie

(County)

THE REPORT OF THE PARTY OF THE 111421 Lathach Tagenes after Land

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14917	CERTIFICATE	OF DEATH	14	920
1.	PLACE OF DEATH Q_OUNTY WICOMICO		2. USUAL RESIDENCE (WI	nere deceased lived, if institution: Reside b. COUNTY	1
		MARYLAND	1/13/13/20		stor
	 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b		ide corparate limits, write RURAL and gir	ve nearest town)
	Salisbury		Tocome	4e City	13:2
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Peninsula General		3 20 Str.		YES NO
3.	NAME OF First	Middle	/	4. DATE Month OF	Day Year
	(Type or print) - loren		Webb	DEATH CC 10681	
S.	SEX 6. COLOR OR RACE 7. A		B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
E	CHILLE NAME	IDOWED DIVORCED	Nov. 17. 18.	82 83 yrs.	
10c	. UŠUÁL OČCUPATION (Give kind af work dane ing mast of warking life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	Stote, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
	Housewife	Own Home	Worcestor	a Maryland	4.5A
J3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
-	Robert S Tilahmi	30	Alberta Ti	witt	
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(10	es, na, ar unknawn) (If yes give war or dotes of serv	213 48 4404 Miss	Elizabeth	Payne Pocomoke	ot Mil
F	1B. CAUSE OF DEATH (Enter anly ane cause pe		15)	1 5/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Mysocarde	al me	aich	ONSET AND DEATH
	4 2 0 1 DUE TO	0	0		0
	Conditions, if any, which gave) (b)				
	nse to immediate cause (a), (TO THE STATE OF
	stating the underlying cause (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING TO DEATH RUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRI	DOTATION TO BEATT OF HOT KESTES TO	TE TERMINAL DISEASE COMP	THOM ONE IN TAKE T(C)	PERFORMED?
FICAL	2Da. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Po	art Lar Part II of item 181	I IS LI NO KI
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJOK! OCCURRED. (ciner notore or injury in ru	in r di Pair ii oi neiii 16.)	
ALC	(IF EITHER, NOTIFY MEDICAL EXAMINER)	2Dd. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town) (Co	(Cambo)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.		ry, street, office bldg., etc.)	ZOI. (City of lowil) (CC	ounty) (State)
>	p.m. 19	at work 🔲 at wark 🔲			77. 77.
	21. I certify that (I) (this haspital) attended the deceased fram	0 - 19		
	saw the deceased alive an	0 - 65 19 (C/C) and that	death accurred at	8:15 P. M, from causes and an	
	220. SIGNATURE	2		MED. STAFF	DATE SIGNED
134	a cool	M.D	22d. ADDRESS	IRECTOR LI PHYS. LI 60	-13-60
	22c. PHYSICIAN'S NAME (Type)		ZZU. ADDKESS		
				T	
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tawn)	(County) (Stote)
L	REMOVAL (Specify) Oct. 17 190			Tocomoke City H	Drylond
24	. FUNERAL DIRECTOR	ADDRESS	. 00	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
1	James of When	Samue 4:11 M	DATE OF	T 18 1966 Pala	rees Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

		14318	CERTIFICATE	OF DEATH		4921			
	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where d		esidence before odmission)			
		o. COUNTY Wicomico	MARYLAND	O. STATE ARVILA	M D SULL	BOMICE			
		b. CITY OR TOWN (If outside corporate limits, write_RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write RURAL or	nd give neorest town)			
		Salisbury	8 DAYS	PITTS	VILLE	22.1			
A		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
0		Peninsula General	Hospital	RIF	D	YES NO			
		NAME OF First	Middle	1 1 1 lost 4. D/		Doy Year			
b		(Type or print) // FPY 1 +	4177162	Unite DE	ATH GCODE				
	S.	- / / / / / /	H	B. DATE OF BIRTH	9. AGE (In years IFU	NDER I YEAR IF UNDER 24 HRS. https://doi.org/10.1001			
	10-	Chill Chile	DOWED DIVORCED DIVORCED DIVORCED	APRIL 7,181	4 9 4 Yrs.	12 CITIZEN OF WHAT			
	duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (County & Stote,	0-1	12. CITIZEN OF WHAT COUNTRY?			
	13	FATHER'S NAME	SELF EMP.	14. MOTHER'S MAIDEN NAME	LLE PEL	0,5,71.			
	10.	SpicER PHIL	1.100	E. : - 1 F	- 1 1 · 1 · 1				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address				
	(Yes, no, or unknown) (Iff yes give wor or dotes of service)								
-11		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)	1 of Ho	AD	INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (o)	Hryley Kel	seither rock	us Useat	Jou Center			
		4200 DUE TO							
		Conditions, if any, which gove (b)							
		stoting the underlying couse (c)							
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	RUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY			
2	CERTIFICATION	TAKE II. OTHER STOTELLOW COMPANIES	SOUNCE TO DEATH OF HET RESIDENT	THE PERMITTIES CONDITION	OTTEN IN TAKE NO	PERFORMED? YES NO			
3	TIFIC	20g. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I o	r Port 11 of item 1B.)	Keese Western			
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		E OF INJURY (Home, form, 2 pry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)			
	W	p.m. 19	ot work ot work	siy, sireer, office bidg., etc.)		>			
		21. I certify that (I) (this haspital)	attended the deceased fram O 30 19 Common that	10-27,1906	- to (0,30)	19(66 that (1)) (we) las			
9		saw the deceased alive on	O 30 19 Colla mai	death accorded at		an the date stated above			
		1,25200	es July M.C.		STAFF C	10-30-66			
,		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
	230	. BURIAL, CREMATION, 23b. DAJE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23c	LOCATION (City or Town)	(County) (Stote)			
	6	REMOVAL (Specify) 11/2/6	6 FRIENDS	SHIP /	ITTSVILLE	Wic. MD.			
	24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY RE		AR'S SIGNATURE			
1		Anna M. Dun	age Bulunn	DATE NOV	3 1966 20	lianles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then people remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. Poge 4 may be retoined by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth.

82523 1541 TWO LEADER Peninsula General Hospital The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14922

1.	PLACE OF DEATH a. CDUNTY Wicomico		a STATE	CE (Where deceased lived, If in b. COUNTY 12 nd	stitution: Residence before admission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		V	Ite RURAL and give nearest town)	
	Willards	51 Yrs	Will	ards	72-1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in				e. IS RESIDENCE	
	xx				ON A FARM? YES X NO	
3.	NAME DF First DECEASED	Middle	Last	4. DATE Monti	n Day Year	
	(Type or print) Margie	E. W:	ilkins		26, 1966 19	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		JETINDER 1 YEAR LETINDER 24 HRS	
	remale White WIDOWED	DIVORCED .	July 23, 1	890 76 yrs.	Months Days Hours Min.	
	a. USUAL OCCUPATION (Give kind of work done lob. ing most of working life, even if retired)			County & State, or foreign country) 12. CITIZEN OF WHAT	
dur			30		COUNTRY?	
12	Housewife C	Dwn Home	Marylan		USA	
10	TATILER O HAME		14. MOTHER S MAI	DEN NAME		
	Elijah Tubbs		Magge 1e			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, or unkown) (Ifyes give war or dates of service)	S. SOCIAL SECURITY NO. 17.	. INFORMANT	Addre	SS	
	XX XX	XX E	sther White	Willards.	Ma.	
	18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	1x an Tital	anto	200 500 1000	ONSET AND DEATH	
10	IMMEDIATE CAUSE (a)	rot anocos	reuse -		247100	
	Conditions, if any, which					
	gave rise to immediate (b)					
	cause (a), stating the DUE TO					
Z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)					
10 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REI	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?	
ICA	Empleysema, E	rouelives.			YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature o	f injury in Part I or Part II o	f Item 18.)	
		INJURY OCCURRED 200, PL	ACE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)	
MEDICAL	Hour a.m. While	e Not While fact	tory, street, office bldg.,	etc.)		
ME	p.m. 19 at wor	rk at work	1	1 10 + 1	, , , , , , , , , , , , , , , , , , , ,	
	21. I certify that (I) (this hospital) attend	ded the deceased from 🖊	0-23,1	966, to 4ch 20	_, 1966, that (I) (we) last	
	saw the deceased alive on	19 6 6 and th	at death occurred at	M, from the causes	and on the date stated above.	
	22a. SIGNATURE		ATTENDING	NED STAFF	22b. DATE SIGNED	
	- Hall tour	M M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	10 2/66	
	22c. PHYSICIAN'S NAME (Type)	1/1/1	22d ADDRESS	1 . 1 . 1	11/	
	MAINE (1990) rall	AVIS	1/1/1/	ands /	10.	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, to		
	REMOVAL (Specify) Burial 10/29/66	M **		WILLA	RPS, Md.	
24		ADDRESS DE	25a. RE	C'D BY REGISTRARI COS. , R	EGISTRAR'S SIGNATURE	
1	The Whales	& West	12 101-0	ICT 3 1 1956	Milarles Judge	
	· sour / / sour /	- July	le DolDATE C	0 1 0 1 1000 _//		

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		16920	CERTIFICATE	OF DEATH	1497	23
BR		PLACE OF DEATH			ceosed lived, if institution: Resider	nce before odmission)
91	Maria	o. COUNTY Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY Tal	bot County
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and giv	ve neorest town)
10		Salisbury	19 days	Cordova		20.2
0	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
91		Deer's Head State H	ospital	RFD #1,	Box 259A	YES NO
		NAME OF First DECEASED	Middle	Lost 4. DA		Doy Year
12		(Type or print) Edward	Lee	Wilson DEA		1, 1966 1 YEAR IF UNDER 24 HRS.
912	S.			B. DATE OF BIRTH	last birthdoy) Months	Doys Hours Min.
		Male Colered USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED \(\bigcirc\) <	11. BIRTHPLACE (County & State, o	or foreign country) 12 (1	TIZEN OF WHAT
62	duri	ng most of working life, even if retired)	HOUSTRY COLOR	10/20	+ md	DUNTRY? //SA
-	13.	FATHER'S NAME	DOTTESTIC	14. MOTHER'S MAIDEN NAME	11/10	0/6//
	X	Wake I WILSON		HESTER	ChASE	
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT /	Address	1011
	(Ye	s, no, or unknown) (If yes give wor or dotes of se	213-22-8293 H	esphilal Kicore	15 DA/18 B	uey, Md
		18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), onel (c).)	(1.6.1	of n.	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	- Hugoers Mu	c lawrie	recons	ONSOL AND THE STITL
		3561 DUE TO				
3		Conditions, if ony, which gove (b)				
		stoting the underlying couse DUE TO				
		PART II. OTHER SIGNIFICANT CONDITIONS CONT	DIDLITING TO DEATH BUT NOT DELATED TO	THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTOPSY
0	TION	TAKT II. OTHER SIGNIFICANT CONDITIONS CON	KIBOTINO TO DENTI BOT NOT KEENTED TO	THE TERMINAL DISEASE CONDITION	OFFICE OF TAKE TO	PERFORMED? YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 1B.)	10 10 10 10
100	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 20	Of. (City or town) (Co	ounty) (Stote)
	MEC	Hour o.m. p.m. 19	While of work of work of	tory, street, office bldg., etc.)		
-		21. I certify that (I) (this haspit		4-12-4,19.06		
		saw the deceased alive an 10) - 1 - 19 <u>66,</u> and tha	t death occurred at 142		
38		220. SIGNATURE	lden M	ATTENDING MED.	— STAFF —	DATE SIGNED
-		22c. PHYSICIAN'S	M.	D. PHYS. DIRECTO 22d. ADDRESS	R PHYS.	
/		NAME (Type) L. V. Mal	dve, M. D.	Deer's	Head State Hosp	oital, Salisbu
	230	, BURIAL, CREMATION, 23b. DATE THERE	DF 23c. NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City or Town)	(County) (Stote)
0		BEMOVALOSPICION/ 10-5.	-66 NEUITOUN	CEMETERY	The The	albot Md
M	24	FUNERAL DIRECTOR	ADDRESS /	250. REC'D BY REG		a A
161	-	amos B. Wark	oll baston	DATE OCT	5 1966 Acua	well Judge

38.08 150 mm 25 55 164 1 1013 The state of the s

director, Page or your files. State s tould be executed within 24 hours after "in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 in burial-transit permit. File (ages) and 2 0 , writing the word "pending" in the Chief Medical Examiner's Of Page 3 should be used as a bu ant, prior to burial, cremation, c o s o to the Chic

designated DIRECT FUNERAL 1 DEPUTY ᆼ 4 should O FUN Health

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) . COUNTY a. STATE b. COUNTY Wicomico Delaware MARYLAND Sussex b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL and give nearest town! Salisbury Georgetown, Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Peninsula General Hospital YES X NO Box 3. NAME OF Middle 4. DATE DECEASED (Typa or print) Theodore Melvin Wootten DEATH 66 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Hours Min. Male Cau. WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) United States Delaware Construction worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wootten Joanne Pusey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or dates of servica) RFD # 4, Georgetown, Del. Wootten. 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) fectory, street, offica bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10/26/66 DEPUTY MEDICAL EXAMINER

A. Insley, M. D.

Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country)

22c. NAME OF CEMETERY OR CREMATORY

Funeral Home.

NAME (Typa)

22a. BURIAL, CREMATION.

Georgetown, Del.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE 1966

198238 SCAL THE Territor to the second Towns Picery The state of the s Ohen Dela-Berne 27 Better Chasen . Let morograph comb forther

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	COUNTY	1				2. USUAL RESIDENC				geuce betole samission	
Wicomico MARYLAND						a. STATE Maryland b. COUNTY Wicomico					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Mardela (Rural)						Mardela (Rural) 22./					
d.	. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in i	nospital, give street ad	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
R.D. #2, Delmar						R.D. #2, Delmar YES NO					
3. N	AME DF ECEASED	Fi	rst	Middle		Last	4. DATE	Month		Day Year	
(Type or print)			RLES	MASTERS		WRIGHT	DEATH	Octobe		6 19 66	
5. SI	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years last birthday)	FUNDER 1 Y	EAR IFUNDER 24 HR	
	Male	White	WIDOWED	DIVORCED		Jan. 4,1884		82 yrs.	9	2	
10a. U during	SUAL OCCUPAT g most of work	ION (Give kind of work ing life, even If retire	done 1Db. I	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITI	ZEN OF WHAT NTRY?	
Retired						Wicomico County, Md. USA					
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
William P. Wright						Sallie Wheatherly					
		EVER IN U.S. ARMED FO (If yes give war or dates o		. SOCIAL SECURITY NO.	17.	Mr. Richard	a W. Wi	right (So	sn)		
	Vo	-				R.D. #2, De	elmar, M	ardela,	Maryla	and	
11	8. CAUSE DF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).	.1					INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(2) 6	runemator	ne	- Dumay &	ite cer	deliner	0	OHSEI AND DEATH	
	1992	DUE									
	enditions, If	any, which }	(b)								
	ave rise to	mate	TO								
U	cause (a), stating the DUETO condenses last.										
MEDICAL CERTIFICATION	ART II. OTHER S	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL D	ISEASE COND	OTTION GIVEN IN F	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
E 2	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)										
B (i	IF EITHER, NO	CONTRIBUTING CAUSE OF DEATH LITHER, NOTIFY MEDICAL EXAMINER) N/A									
N 21		INJURY Month, Day,	factory street office hide etc.)								
MED	Hour a.r		While at wor), 3d 00t, 0 m00 Brag., 0t					
	21. I certify that (1) (this hospital) attended the deceased from 5-3, 19 66 to 10-6, 1966, that (1) (we) last										
	saw the deceased alive on 10 - 4 1966, and that death occurred at 1:45 M, from the causes and on the date stated above.										
2	22a. SIGNATURE / 22b. DAT								E SIGNED		
M.D. ATTENDING MED. STAFF OC.										/1966	
2	2c. PHYSICIA NAME ()	N'S	/	00		22d. ADDRESS					
		Dr. Jame	s Cliff	ford		Medical Co	enter.	Saliabu	v. Ma	rvland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)											
	Burial	Oct. 8	1966	Mardela	Ceme	etery	Mard	TRAR 25b. RE	yland	CIONA TUDE	
	FUNERAL DIRE		CATT	ADDRESS	TART		OT A				
	TIOTTONY	T @ COMENTAL	, DALL	ISEURY, MARY	LAIV.	DATE	0611	1866	Julian	les Judge	

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